MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

1202

2001 HOUSE HUMAN SERVICES

HB 1202

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1202

House Human Services Committee

☐ Conference Committee

Hearing Date January 22, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		0 to 4350
Tape 1		X	3830 to end
Tape 2	X		0 to 1030
Committee Clerk Signature	Connie Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: We will open the hearing on HB 1202.

Rep. Porter: Sponsored HB 1202. In our interim meetings we were approached by various ambulance service jurisdictions that there was some problems in the existing law that needed to be corrected in order to provide ambulance service in rural North Dakota. We hope this bill addresses those concerns and provides better access to EMS systems. Presented what the bill does. (See written testimony.)

Vice Chairman Devlin: The $5,000 grant, we're talking $100,000 a year for two years, is that correct?

Rep. Porter: Yes, if every ambulance service, or about 20 of them, would come forth in the next biennium that would be correct.

Vice Chairman Devlin: And the source of the funding, has that been identified?

Rep. Porter: Not at this time.

Rep. Cleary: Does this bill handle the problems say when we call an ambulance from further away, because it is a county line or something, instead of sending the nearest ambulance?

Rep. Porter: By establishing the systems type approach, that system would have the ability to show their service area so that any overlaps would be contained within that service area. You wouldn't be following county lines and allowing an ambulance to travel further than the closest available ambulance to your call.

Rep. Cleary: Might that still happen in a service area that maybe an ambulance may be called that is farther away?

Rep. Porter: That problem could always exist, especially when you get into some areas. Some of that needs to be taken care with local negotiations, so that they take the patient's interest into consideration first before they take into consideration lines of operations.

Rep. Niemeier: I'm looking at page 1 of your testimony and you talk about license based on needs of the service area. How is that going to be determined?

Rep. Porter: As we looked at the needs of the Beulah-Hazen area, we felt that they could turn in their ambulance license in Beulah and take advantage of this grant money and then in two years come back and say "we want our license back", and buy an ambulance and get back into the same problem. We wanted to give the department the ability to set those standards based on needs.

Rep. Niemeier: That kind of refers to a conversion of services, doesn't it?

Rep. Porter: As you get out in the rural areas, the biggest problem that ambulance services are having are volunteers.

Rep. Metcalf: What is going to happen to the physical ambulance when they agree to give up their license? Is the ambulance just going to sit there?

Rep. Porter: It would depend on the area that they are serving. I would see they could do a couple of things. They could sell the ambulance, take the money and buy some good quick-response type of equipment. If they were short of a vehicle, they could keep it wherever the closest ambulance service is. They could use it as their quick-response vehicle also and still have people respond to a central location, such as a fire hall and still bring that vehicle out with some of the larger equipment and have the outside personnel that are responding carry the basic equipment. The service in Sterling, ND that is a quick-response unit of Bismarck, they have an old ambulance that they use as their vehicle because there are times where they are 23 miles away and it takes us a half hour to get to the patient, and if it is a motor vehicle accident they want to be able to move that patient inside so that in severe weather situations they don't have to try keep the patient warm outside. They use as more of a disaster response type vehicle.

Rep. Metcalf: So basically what you are saying is that it is up to the determination of that particular ambulance service to do what they feel like?

Rep. Porter: Absolutely.

Rep. Weisz: Will this bill grandfather some ambulance services in?

Rep. Porter: The entire program is voluntary. The existing 140 ambulance services would get a new license. EMS operations rather than ambulance service.

Rep. Galvin: We often use the cliché that this is matter of life and death, but this bill is literally a matter of life and death. When we call and ambulance or 911, we expect some kind of a

response. We can't necessarily always take this for granted, and if we don't do something about ambulance service, especially in the rural areas, we won't be able to take that for granted. It is getting to be just about impossible to get volunteers. Any ambulance driver some times has to take off a full day from work. Besides that the time they have to take for training, and sometimes pay for it out of their own pocket. There are now very many people that are willing to do that. We have an ambulance sitting and Hazen and one in Beulah. There are not enough volunteers to maintain both of those locations to keep them operational 24 hours a day. With this law, the EMT's or ambulance drivers can intermingle from one patient to another and they will both be under one license, so you don't need an entire crew for each ambulance. We are doing this now with a waiver, but I don't know how long we can maintain that waiver. This bill certainly won't solve all the problems, but it will take a giant step in the right direction. I am in complete support of this bill.

Rep. Metcalf: You said it is hard to get people to volunteer. With the thought that they will not have to be involved in an ambulance service that is going to be gone away from home for a full day or longer, do you think there would be a possibility of getting more volunteers then?

Rep. Galvin: I think I would refer that question to Rep. Porter.

Rep. Porter: I think that is one of the main purposes behind this bill. To be a quick responder there is less up front training, it is less as far as continuing education and maintaining that level of certification, and it is easier to get away from your job for an hour or two hours rather than an entire day. Absolutely, it will lure in people. Just as rural fire departments have large rosters.

Rep. Severson: I have been an EMT for 28 years serving in Cooperstown, ND. I have spent lots of time teaching EMTs. My name is on the bill because I definitely see a problem in rural ND where ambulance services cannot maintain what they are required to do. This bill allows them

to, voluntarily, step forward and say we can't maintain our ambulance anymore. We still have to take care of the people in North Dakota. There has to be a system that allows those people to still get the medical treatment they need. This is what this bill does. The one issue on licensure that we did change, right now the quick response unit are voluntary licensure, and most of them are licensed because they get grant dollars. However, I believe that the important thing to remember is that if you are going to hold yourself out as a quick response unit, the public will expect a certain amount of responsibility from you. You can't just call yourself a doctor when you're not a doctor.

Chairman Price: What are the reimbursement procedures that are going into this bill regarding insurance?

Rep. Severson: At this point the Medicare-Medicaid reimbursement does not go to the quick response unit. Our ambulance service we charge a fee for that quick response unit.

Tim Wiedrich: Director of the Division of Emergency Health Services for the North Dakota Department of Health. I am here today to provide testimony on behalf of the department in support of the non-fiscal portions of this bill. We are unable to support the fiscal portion of the bill since it was not included in our appropriation request. (See written testimony.)

Rep. Niemeier: What is the difference between the quick response and EMTs?

Tim Wiedrich: There is a substantial difference. A quick response unit gives a service, the quick responder is a training level form of individual. The first responder course is a 40 hour course, and that course is designed to train people to handle airway, breathing, and circulation. They are trained to assess the patient. They are not trained in the advanced techniques. What the first responder focuses on are those things that are truly life threatening. I don't think that the number of training hours are really the issue in terms of recruiting volunteers, I think what really is the

issue is the number of hours that have to be spent on call and engaged in the service. A quick response unit could receive the call, go to the scene, deliver their services, and then they are free. So they can return back to their jobs much more quickly.

Rep. Niemeier: We have EMT's that are based out in our rural communities. They are residents and they get there quickly and they save lives. Do they have less training than the 40 hours. I'm trying to get the difference between these two designations.

Tim Wiedrich: I have never answered the question how many hours of training an EMT has. An EMT has a higher level of training than the first responder. The first responder has 40 hours and an EMT will have 110 hours.

Rep. Metcalf: Getting back to your first statement that fiscally you can't support this because it wasn't built into your budget, in the long run is this situation put into place is going to cost more fiscally, or is there going to be savings generated?

Tim Wiedrich: Intuitively, I think this is a better use of resources and would be more fiscally conservative. We will be more conservative in our approach because we will have fewer hours of training, will need fewer people to maintain the system, and I think that is where the savings will be.

Rep. Metcalf: I was hoping there would be somewhere along the line where you could generate enough savings to pay for this.

Tim Wiedrich: The ambulance world is such a difficult world in terms of finances. Part of the problem from my view is that we really have our feet in two different worlds at the same time. Unlike other public safety organizations, like law enforcement and fire services, which exist a 100% on governmental funding, EMS receives some level of government funding but also has fee for services aspect to it.

Derek Hanson: President of the North Dakota EMS Association. Our organization is in support of this bill. We have been asking for this for quite some time. (See written testimony.)

Chairman Price: Close the hearing on HB 1202.

COMMITTEE WORK:

Chairman Price: Let's look at 1202. Rep. Porter, in an area where we don't have service right now and the community want's to develop a quick response unit - is there enough in what we did last time to help them get set up to do that or do we need to take a look at something additional in this language?

Rep. Porter: In the training grant money that is there in the existing budget of $940,000, there is up to $2,000 a year available to a quick response unit for training education. That grant that is out there does not address equipment requirements, so that would not be there. What the grant addresses is the reduction of the number of licensed ambulance services in the state.

Chairman Price: What approximately would it cost to set up a quick response unit?

Rep. Porter: It would depend on the geographical area - if they had to have multiple vehicles respond to calls and they served a large area. The total would be somewhere around $3,500 to $4,000 per responding vehicle.

Chairman Price: We have areas where we just don't have any coverage.

Rep. Porter: Yes. It is scary, but we do.

Chairman Price: If we were to allow, let's say, 10 additional quick responders we'd be looking at $50,000.

Rep. Porter: I think 10 would be a really good start. If you look at from the standpoint that these 10 areas that aren't served now would also have the ability to grab on to the training money. That 40 hour course is not that expensive that they might have some money left over in that $2,000 a year they could put towards equipment purchases.

Rep. Dosch: A concern from one of my constituents was that it may create a monopoly situation where they limit others that want to get into the business. What is your response on that?

Rep. Porter: There are no communities in the state that have more than one ambulance service. Our concerns are to keep the ones that are there solvent.

Rep. Weisz: I would like to see offering $10,000 to change the quick response units we have now, and offer $10,000 for communities to start up new response units.

Rep. Porter: I think there is a need out there for both.

Rep. Cleary: Are the reasons they don't have these services in some areas is because they don't have the money nor the volunteers?

Rep. Porter: Both. Probably more than anything it is the people factor. Money is always the concern when you get into it that you have the right equipment.

Chairman Price: Why do you think they need an annual for $5,000?

Rep. Porter: It was felt that the first year it would get them on their feet and get the equipment going, but as there geographical areas change they would need to add additional pieces of equipment in that second year to make sure they are giving good coverage. The big thing is the automatic defibrillator.

Chairman Price: But there is nothing that is going to shut off the funding from private fund raising?

Rep. Porter: ?????

Chairman Price: Do you foresee this as being an ongoing $5,000?

Rep. Porter: No, I would see it as just two years and they are on their own.

Chairman Price: Right now the language is to allow for changing from advanced or basic to quick response unit. Are you in opposed to adding language to non served areas right now that they could go into a quick response unit, where they have nothing right now? Anybody opposed to allowing to go either way?

Rep. Cleary: I'm not really opposed, I just think the point of this bill was to get more of the existing ones to be - maybe if we limited it to five new ones.

Rep. Porter: Maybe without setting numbers and splitting it up we could ask Mr. Wiedrich from their standpoint where there are critical needs with these areas that aren't being served.

Chairman Price: I suggest it come out of the IGT, because rural facilities are not going to survive out there if there aren't any emergency services, period. Nobody is going to live in North Dakota if they don't have access to emergency services.

Rep. Niemeier: Are there going to be IGT funds that aren't committed to long term care?

Chairman Price: I guess I see this as a way to keep the elderly in rural North Dakota.

Rep. Sandvig: In Fargo we have had either wealthy people or places where they have gotten grants for defibrillators Do rural areas not have as much access to somebody donating money?

Chairman Price: I would think they would have access to the grants, but obviously the number of wealthy is few and far between.

Rep. Porter: If you don't make provisions to have these emergency services available, it isn't going to matter how many basic care beds you need in the community.

Rep. Niemeier: On Section 7, going to licensure for emergency medical services - my question is why is that necessary beyond certification and what cost would be involved?

Rep. Porter: Right now North Dakota has chosen to be part of the national registry of EMT's. With that comes a certification which says you've met their minimum requirements to operate at whatever level you pick from first responder all the way up to paramedic level. With that comes the burdens of continuing education, refresher courses, and different CPR and trauma courses that you have to maintain every two years. With the adoption of licensure it just brings in place what is already there.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1202 b

HOUSE HUMAN SERVICES

☐ Conference Committee

Hearing Date 1-24-01

Tape Number	Side A	Side B	Meter #
3	xx		3700--4300

Committee Clerk Signature Connie Easton

Minutes:Chair Price : Take up HB1202. Amendments are being passed out by Rep. Porter.

Rep. Porter : The word "conversion" was removed because we are also starting a pilot program to create new services that aren't served. Page 5, line 21, after the second services, we insert "or create quick responsiveness in areas not already served. That gets the creation process started. On page 5, line 21, we insert "during the first year of the program, a maximum of 5 new quick response units may receive a one time $5,000 grant under this program, and a maximum of 20 converting ambulance services may receive grants in the amount of $5,000 each for two year periods. During the second year of the program, the department shall distribute any remaining funds to converting ambulance services or 10 additional newly created quick response units". The rest of that sentence is gone. Page 5, line 24, we are removing "any money in the" and inserting "the ND Health Care Trust Fund". We are removing "the general fund" and removing "$200,000" and inserting "$225,000" and getting rid of "conversion" and insert " pilot project". **I move these amendments.**

Rep. Galvin : **I second.**

VOICE VOTE: ALL YES. PASSED.

Rep. Porter : **I move a DO PASS AS AMENDED and ReRefer to Approp.**

Rep. Galvin : **I second.**

VOTE: 12 YES and 0 NO with 2 absent. PASSED. Rep. Galvin will carry.

FISCAL NOTE

Requested by Legislative Council
02/13/2001

Bill/Resolution No.:

Amendment to: Engrossed HB 1202

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$225,000		
Expenditures				$225,000		
Appropriations				$225,000		

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill establishes the authority to limit licensure of new emergency medical service operations, establishes licensure requirements for quick response units, creates greater flexibility in the issuance of licenses by allowing services to obtain a single license for multiple locations, establishes vehicle standards and creates a pilot project that creates a financial incentive to create up to 15 new quick response units and convert up to 20 ambulance services to quick response units.

The only provision creating a fiscal impact will be the creation of the $225,000 quick response unit pilot project. Quick response units provide care and stabilization of persons while a nearby ambulance is en route. Quick response units require fewer equipment and personnel resources than ambulance services. Up to five new quick response units could apply for funding of $5,000 each during the first year of the project. Up to 10 new quick response units could apply for funding of $5,000 each during the second year of the project. Up to 20 ambulance services accepted into the pilot program would be discontinued and quick response units would be formed.

The remainder of the activities addressed in this bill are carried out through administrative action which is currently funded as a responsibility of the Health Department, have been implemented through voluntary certification programs for the certification of quick response units or through voluntary compliance with vehicle standards.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

HB 1202 as amended includes revenue to fund this project from the health care trust fund.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The $225,000 of expenditures will be pass through as grants in the amount of $5,000 each for up to 15 quick response units and 20 ambulance services who have applied and are selected for conversion to a quick response unit. The total funds distributed cannot exceed $225,000. This is a pilot project and will require funds for this biennium only.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Included in this bill is an appropriation of $225,000 to the State Department of Health from the health care trust fund. It is not included in the Health Department's appropriation request, SB2004.

Name:	Kathy J. Albin	**Agency:**	Department of Health
Phone Number:	328-2392	**Date Prepared:**	02/14/2001

FISCAL NOTE

Requested by Legislative Council
01/29/2001

Bill/Resolution No.:

Amendment to: HB 1202

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$225,000		
Expenditures				$225,000		
Appropriations				$225,000		

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill establishes the authority to limit licensure of new emergency medical service operations, establishes licensure requirements for quick response units, creates greater flexibility in the issuance of licenses by allowing services to obtain a single license for multiple locations, establishes vehicle standards and creates a pilot project that creates a financial incentive to create up to 15 new quick response units and convert up to 20 ambulance services to quick response units.

The only provision creating a fiscal impact will be the creation of the $225,000 quick response unit pilot project. Quick response units provide care and stabilization of persons while a nearby ambulance is en route. Quick response units require fewer equipment and personnel resources than ambulance services. Up to five new quick response units could apply for funding of $5,000 each during the first year of the project. Up to 10 new quick response units could apply for funding of $5,000 each during the second year of the project. Up to 20 ambulance services accepted into the pilot program would be discontinued and quick response units would be formed.

The remainder of the activities addressed in this bill are carried out through administrative action which is currently funded as a responsibility of the Health Department, have been implemented through voluntary certification programs for the certification of quick response units or through voluntary compliance with vehicle standards.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

HB 1202 as amended includes revenue to fund this project from the health care trust fund.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The $225,000 of expenditures will be pass through as grants in the amount of $5,000 each for up to 15 quick response units and 20 ambulance services who have applied and are selected for conversion to a quick response unit. The total funds distributed cannot exceed $225,000. This is a pilot project and will require funds for this biennium only.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Included in this bill is an appropriation of $225,000 to the State Department of Health from the health care trust fund. It is not included in the Health Department's appropriation request, SB2094.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328-2392	**Date Prepared:**	01/30/2001

FISCAL NOTE

Requested by Legislative Council
01/12/2001

Bill/Resolution No.: HB 1202

Amendment to:

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$200,000			
Appropriations			$200,000			

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill establishes the authority to limit licensure of new emergency medical service operations, establishes licensure requirements for quick response units, creates greater flexibility in the issuance of licenses by allowing services to obtain a single license for multiple locations, establishes vehicle standards and creates a pilot project for the conversion of 20 ambulance services to quick response units.

The only provision creating a fiscal impact will be the creation of the $200,000 pilot project. Ambulance services accepted into the pilot program would be discontinued and quick response units would be formed. Quick response units provide care and stabilization of persons while a nearby ambulance is en route. Quick response units require less resources including equipment and personnel. The remainder of the activities addressed in this bill are carried out through administrative action which is currently funded as a responsibility of the Health Department, have been implemented through voluntary certification programs for the certification of quick response units or through voluntary compliance with vehicle standards.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The $200,000 of expenditures will be pass through as grants in the amount of $5,000 each to 20 ambulance services who have applied and are selected for conversion to a quick response unit. This is a pilot project and will require general funds for this biennium only.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

This appropriation is not included in the Health Department's appropriation request, SB2004.

Name:	Robert A. Barnett	**Agency:**	Health Department
Phone Number:	328-2392	**Date Prepared:**	01/15/2001

PROPOSED AMENDMENTS TO HB 1202

Page 1, line 2, remove "conversion"

Page 5, line 19, remove "conversion"

Page 5, line 21 after "services" insert "or create quick-response units in areas not already served"

Page 5, line 21 after the period insert "During the first year of the program a maximum of five new quick-response units may receive incentives under this program and a maximum of twenty converting ambulance services may receive incentives under this program. During the second year of the program the department shall distribute any remaining funds to newly created quick-response units, not to exceed ten participants."

Page 5, line 21, remove "is limited to a"

Page 5, line 22, remove "maximum of twenty ambulance service participants and"

Page 5, line 23 replace "participating ambulance service" with "participant"

Renumber accordingly

PROPOSED AMENDMENTS TO HB 1202

Page 1, line 2, remove "conversion"

Page 5, line 19, remove "conversion"

Page 5, line 21 after the second "services" insert "or create quick-response units in areas not already served"

Page 5, line 21 after the period insert "During the first year of the program a maximum of five new quick-response units may receive a one time five thousand dollar grant under this program and a maximum of twenty converting ambulance services may receive grants in the amount of five thousand dollars each year for a two year period. During the second year of the program the department shall distribute any remaining funds to converting ambulance services or ten additional newly created quick-response units."

Page 5, line 21, remove "The program is limited to a"

Page 5, remove line 22

Page 5, remove line 23

Page 5, line 24, remove "any moneys in the"

Page 5, line 24, after "of" insert "North Dakota Health Care Trust Fund"

Page 5, line 25, remove "general fund in the state treasury"

Page 5, line 25, overstrike "$200,000" and insert immediately thereafter "$225,000"

Page 5, line 27, overstrike "conversion"

Renumber accordingly

VR
1/25/01

10251.0201
Title.0300

Adopted by the Human Services Committee
January 23, 2001

HOUSE AMENDMENTS TO HB 1202 HOUSE HS 1-26-01

Page 1, line 2, remove "conversion"

HOUSE AMENDMENTS TO HB 1202 HOUSE HS 1-26-01

Page 5, line 19, remove "**conversion**"

Page 5, line 21, after the second "services" insert "or create quick-response units in areas not already served" and replace "The program is limited to a" with "During the first year of the program, a maximum of five new quick-response units may receive a one-time five thousand dollar grant under this program and a maximum of twenty converting ambulance services may receive grants in the amount of five thousand dollars each year for a two-year period. During the second year of the program, the department shall distribute any remaining funds to converting ambulance services or to ten additional newly created quick-response units."

Page 5, remove lines 22 through 23

Page 5, line 25, replace "general fund in the state treasury" with "health care trust fund" and replace "$200,000" with "$225,000"

Page 5, line 27, remove "conversion"

Renumber accordingly

Date: 1-24-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1202

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as amended - re-refer to Appropriations

Motion Made By Rep. Porter Seconded By Rep. Galvin

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein					
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz					

Total (Yes) 12 No _____

Absent Two

Floor Assignment Rep. Galvin

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1202: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1202 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "conversion"

Page 5, line 19, remove "conversion"

Page 5, line 21, after the second "services" insert "or create quick-response units in areas not already served" and replace "The program is limited to a" with "During the first year of the program, a maximum of five new quick-response units may receive a one-time five thousand dollar grant under this program and a maximum of twenty converting ambulance services may receive grants in the amount of five thousand dollars each year for a two-year period. During the second year of the program, the department shall distribute any remaining funds to converting ambulance services or to ten additional newly created quick-response units."

Page 5, remove lines 22 through 23

Page 5, line 25, replace "general fund in the state treasury" with "health care trust fund" and replace "$200,000" with "$225,000"

Page 5, line 27, remove "conversion"

Renumber accordingly

2001 HOUSE APPROPRIATIONS

HB 1202

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1202

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date February 5, 2001

Tape Number	Side A	Side B	Meter #
02-05-01 tape #1	0 - 4850		
Committee Clerk Signature			

Minutes:

The committee was called to order, and opened the hearing on HB 1202.

Rep. Todd Porter: HB 1202 was a concept that came up during the interim dealing with ambulance services. It discusses a little bit about licensing requirements and a portion deals with rural quick response units. Section 1 changes the way ambulance services are licensed. He states the current way it is done, some of the problems associated with the current system, and the proposed change.

Rep. Svedjan: With regard to what you just said about an assessment being done, that assessment would be done by the Dept. of Health, is that correct? It almost sounds like a certificate of need, of sorts.

Rep. Porter: Yes, sort of. Yes. There would need to be a need before the license would be issued.

Rep. Warner: Is part of that need response time?

Rep. Porter: Are trying to get away from ambulance service response time. They do want to be able to have a quick response unit on the scene within the first ten minutes that is fully equipped that can do some basic care. Anyone who is trained in quick response can use an automatic defibrillator.

Rep. Kempenich: What is the difference between certified and licensed? AS in section 8.

Rep. Porter: Will get to that shortly.

Rep. Delzer: Would that all be up to the Dept. of Health, the needs and what kind of appeal process is there?

Rep. Porter: The individual communities would have a huge say in what they would need. With the reimbursement situation coming from medicare and the problem getting volunteers in the communities to operate ambulances I don't think there would be a lot of problems with the department looking at the needs of the communities prior to issuance of a second licenses.

Rep. Delzer: Agrees. But still is it up to the department and is there an appeal process?

Rep. Porter: That we have left up to the department to set up the process.

Rep. Porter: Continuing, on page 2, section 2 changes some wording, to cover quick response teams, as does section 3, section 4, and section 5. On page 4, section 6, it also just changes the language. Page 5 at the top of the page begins the changes of the definitions of certification and licenser. Currently ambulance services are licensed; the personnel in the ambulances are certified and licensed. It doesn't appear anywhere in the existing statute. The certification comes from national registry. The licenser comes from the health department. This changes to what is currently in practice.

Rep. Delzer: Is that licenser done individually or done by the unit.

Rep. Porter: There are two different licenses, one that is for the system, and one for the personnel. Each individual person has to have a license. They send in to the department, and their cost is nothing, except a $25 cost per unit.

Section 9 is the pilot project that is the meat of this bill. Currently across North Dakota in rural areas there are ambulance services having a tough time getting the volunteers and necessary people to stay on duty 24 hours a day, 7 days a week to transport patients to the hospital. The big time commitment is leaving a job and taking patients to the hospital. What we are looking at in this concept is that you don't neeessarily need to have an ambulance and be in the transportation end of it, in order to offer patient care. What needs to be done is to respond, have the training, and have the equipment to care for the patient for the first 15 minutes. Then the ambulance can transport them. That concept will save lives. It cuts down on the time commitment on the volunteers standpoint so they don't have to be away from jobs for 4-5 hours, and it cuts down on necessary equipment to do this. We would be allowing ambulance services to trade in their licenses to become quick response teams. We would give them $5000 each year for two years in order to buy equipment and equip themselves. You might need 3 or 4 defibrillators in a service area to be good.

We amended in this part the making available $5000 to newly created first response units. If there was an existing area, we would get them the necessary equipment. We did tie the funds to IGT.

Rep. Kempenich: What kind of distribution are you looking at ?

Rep. Porter: They would leave that up to the areas, and what they feel their needs are. Gave some examples of towns in the area.

Rep. Delzer: In the first year you would have $25,000 for new quick response units, and up to $100,000 for conversion, and that would leave $100,000 for the second year for both. Is that correct? Is it in here that they only receive money from IGT if it is used or how will they make that transfer?

Rep. Porter: Yes. I don't think we stated that in this bill. I think that is in HB 1196. His understanding is that it would remain in IGT and be drawn out as it's used. Would need language as such if it is not there, up to a maximum of $225,000. Could be 5 new at $5,000,

Rep. Kerzman: How do you make a distinction between private ambulance services and public ones?

Rep. Porter: Actually the concern is a push for volunteer services to get the money, in areas where the staffing shortages exist and where the need for an ambulance service might not be there any longer because of population shifts. Doesn't see all ambulance services turning in their licenses.

Rep. Delzer: As you said this is also in HB 1196, and when he read that one of the problems is that this references the Health Department and in another part it is not, and seems to reference the Human Service Department. Why is this in HB 1196 at all.

Rep. Porter: You will have to ask the other representatives.

Rep. Dale Severson: Is a co-sponsor of HB 1202. He explains the reasons he feels the bill is necessary. Rural North Dakota is having a problem. The certificate of need stated is not the intent, and gave an example. This bill is not to guarantee an ambulance service, but to set up quick response teams.

Chairman Svedjan: How do you see this working, that the rules develop by the Health Department?

Rep. Severson: Yes, the division of emergency services would promulgate the rules with input from the sponsors as well as ambulance services.

Rep. Kempenich: What kind of money is a person looking at two years down the road to keep these first responders going?

Rep. Severson: If I rescind my license and I get some funds, we are leaving it up to the unit to maintain from that point on. The up front money in the first two years would be for the big ticket items, and the rest is on their own. They do have some grant process to use if they qualify.

Rep. Kerzman: In the interim when you studied this did you look at areas that don't have services at all?

Rep. Severson: Yes we did. That is why the amendment was made. He gave an example of why the pilot project.

Rep. Kerzman: Do you have someone on call 24 hours a day then, or are they just on pagers?

Rep. Severson: They are on call 24 hours a day with pagers. The pager goes off, they have a 911 contract with state radio, and they know who to call. These are volunteer persons.

Rep. Delzer: What do you see is the difference between certified and licensed?

Rep. Severson: When I became an EMT I became nationally registered certified. When I became an intermediate I was licensed under the state. There is a different level of training.

Rep. Delzer: Are you saying that not all personnel are currently licensed, some are certified but not licensed. Do you see this as a requirement for everyone to get a license. Do we need to define the difference in the bill?

Rep. Severson: Correct. All are certified, but there is a difference in the licenser. Does not want to see the requirement of everyone getting a license. The reason for licenser is different on needs. Does not believe that this is needed, that there is no problem or confusion in the industry.

Tim Weidrich, Director of the Emergency Health Services: Had prepared written testimony. He is here to provide information relative to this bill, but can't support the bill because the fiscal implications were not in their budget. The concepts are good as it carries public health forward. Would not read through his written testimony because some points have been covered. One of the major components of the bill is allowing increased flexibility for ambulance services to obtain licenser. Specifically a county wide basis, currently on a waiver process. They can't provide 24 hour service. They believe, to be blunt, they could continue issuing waivers but the industry says that we need to regroup so we don't have to keep applying for waivers. This is a good idea. They do need to make more of a systems approach. The question as to licenser came up, and to be really blunt, I think we are confused. The confusion exists because some use the terms certification and licenser interchangeably. They way we conduct certification has the same impact as licenser. Gave some examples.

Rep. Delzer: Can you guarantee us that you will not start charging the individuals?

Tim Weidrich: That would have to come from legislative authority to create a charge. We have no such authority for personnel licensers. It wouldn't make much sense for us to do that.

The other area deals with the pilot project. We would be interested in seeing additional quick response units become operational. If there is not flexibility in certain areas. We do not

need full ambulance services in all communities. Really thinks quick response service should be encouraged.

Rep. Kerzman: Can a quick response unit be carried in the back of a car? Would they still need a unit at a station, and need to go to the station to pick up a unit?

Tim Weidrich: Our concept is exactly as you describe. It can be in the back of a vehicle. We would not require even a vehicle. We would encourage a "kit" and the on-call person has the kit, and goes directly to the scene.

Arnold Thomas, President of ND Health care Association: Supporting HB 1202. His comments are general, and has some specific oppositions. In regard to the pilot project, and the flexibility necessary, he agrees. They are not sure of what would be happening, and do know that the safety net is in emergency medical services. This is an additional opportunity for local communities to have capital and a way to meet their emergency medical needs. We do have some reservations as to the unidirectional features of the bill. The bill does not allow for the change back to ambulance if they change to a quick response service. At some point there may be a need or reason, and the change should be allowed. They believe IGT funding is appropriate, and gave reasons. They have grave reservations about franchises. They have opposed franchising in the past and believe that this is a potential for franchising activity. It reduces flexibility at the local level.

Chairman Svedjan: Enlarge on your statement about franchising.

Arnold Thomas: It has been our opinion that any time there has been regulatory control in the market in health care through extension or withholds of license, you preclude any new entries in that marketplace. Gave another example, and sample of what is not reported in the news.

Chairman Svedjan: In your examples I hear you saying that a regulatory process in the Fargo example might have been worthwhile, but in our consideration here it would be better left up to the community and not subject to a regulatory process.

Arnold Thomas: Yes.

Chairman Svedjan: Trying to understand if he's saying on the ambulance side there shouldn't be a regulatory process but then in the Fargo example he said there should have been.

Arnold Thomas: No. Sees Fargo example as a community decision. They believe the ultimate safety net needs to be put into place. Sustaining an ambulance or emergency medical capability is troublesome because it is expensive and also because they need manpower. This is not always available. Quick response is a different way to use human resources and capital needs. It is situational, and as the situation changes the community needs to be able to reconvert from one choice and the other.

Rep. Delzer: Did you have proposed changes for the committee?

Arnold Thomas: We stated our reservations to the committee and bill sponsors, but we did not wish to get in the way of HB 1202, because we believe the merits outweigh our concerns with a part of the bill. We just want it to be less regulatory and more market driven.

Rep. Delzer: By rule, this committee is not to change policy, although we do it somewhat, this appears to be strictly policy. Requests Legislative Council to research the rules authority of the department.

Keith Sorenson, ND EMS Association: All other speakers have covered the bill top to bottom. The ND EMS Association does support the bill.

The chairman closed the hearing on this bill.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **1202**

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date **THURSDAY, FEBRUARY 8TH, 2001**

Tape Number	Side A	Side B	Meter #
2-8-01 1202	**X**		**00-1623**

Committee Clerk Signature Mickie Schmidt

Minutes: **CHAIRMAN KEN SVEDJAN, VICE-CHAIRMAN JEFF DELZER, REP. KEITH KEMPENICH, REP. JAMES KERZMAN, REP. AMY KLINISKE, REP. JOHN M. WARNER**

00-Chairman Svedjan: We will call this section to order on **HB 1202- EMERGENCY MEDICAL SERVICES.**

Roll call: We have a quorum. (attachment #1- LC) (attachment #2- amendments- 10251.0302- Rep. Delzer) The way the bill has been amended, right now the funds are targeted to come out of IGT. Any discussion?

145-Rep. Kempenich: You're going up $225,000 on this statement?

172-Chairman Svedjan: Let's back up. Rep. Delzer, do you want to cover what you put together here?

184-Vice-Chairman Delzer: What the amendments do is, there was some concern when we were discussing the bill, that currently individuals are not charged any fees for licensing or

certification, but the units are. And that would just put that in code that they could not charge, p. 2, line 27. And what p.6, line 2 does means that the money will come out of the Health Care Trust Fund as needed which also means that any money that's not expended, will stay in the health care trust fund. That's the purpose for the amendments.

245-Chairman Svedjan: Any questions?

304-Vice-Chairman Delzer: If there's no discussion with this motion, I would move the amendments.

313-Rep. Kempenich: Second it

314-Chairman Svedjan: OK, the amendments have been moved and seconded. Any discussion?

332-Rep. Kliniske: The second amendment, you talk about the money, the appropriated. that does reflect the cap? We don't have to __ up to 225?

349-Vice-Chairman Delzer: That's in the bill before, up there where it says $225,000 or whatever. The blue amendment changes it from $200,000 to $225,000.

374-Rep. Warner: The as needed language, the very bottom, does it cause any hardships for OMB? Do you have to write the individual a check or advance a smaller amount in anticipation of two or three projects? Or do you have to write checks for every project?

407-Aryy: I would think that the Health Dept. would have cash flow that they would not have to make a request every single time.

445-Vice-Chairman Delzer: What I said when I asked for the amendment is we wanted it so that it stayed in the Health Care Trust fund, and they only got it after they spent it. And I would guess that's the same thing that they would probably expend a few on, then request it. The biggest key is to make sure that any excess money stayed in the Health Care custody.

471-Rep. Warner: We may not actually see any of them until the 2nd year or something.

476-Chairman Svedjan: No.

483-Vice-Chairman Delzer: And the way the bill is written, I think there's so much first year and so much second. I think there is cap's. If nothing happened the first, or the first didn't get used up, I'm not sure all of it could be used in the second.

506-Rep. Kempenich: One of the things is like any of the stuff, I think you have a group out there that's probably going to access it more readily, and it will take a while to get around the state.

548-Vice-Chairman Delzer: I think this plays into HB 1196, those two paragraphs in 1196, and we need the committee's input on this. But I don't think that need to be in 1196. So, if you're taking notes, we could take those two paragraphs out of 1196, because it should be covered in HB1202.

584-Chairman Svedjan: Any further discussion on the motion? Seeing none, I'll ask for a voice vote on this. All in favor of amendment 0301 to HB 1202 say I = 6, opposed-nay =0. OK, the amendment is adopted. Are there any other requests for amendments for this bill? Now just looking over my notes, there was some question about the flexability. I was satisfied with the explanation we were given.

651-Rep. Kerzman: My question is on the needs assessment, how the dept.'s going to handle it, in the first paragraph, based on the needs of the service area.

693-Chairman Svedjan: In the testimony...

704-Vice-Chairman Delzer: If I remember right, there was some concern that if _____ be decertified and then wanted to start up again, they might have a hard time. We could put

language in there that just adds to that sentence in conjunction with the local communities. It should say that the local Health Dept. Should work with the local communities. We'd still leave it up to the Health Dept.

754-Rep. Kerzman: My concern is some area's don't have service at all. I would think the needs would be greater there where there is existing service now, but I don't know how you would put that in there.

770-Rep. Kempenich: That quick response unit, there's a need there, but they probably can't fund a full blown ambulance service.

803-Chairman Svedjan: What I hear in your question is, there are communities that have nothing now, would they be able to access this bill as it's written now?

817-Vice-Chairman Delzer: No they wouldn't, but I think what they might be referring to is the fact that this is the license of ambulance services. The bill itself just deals with quick response.

845-Chairman Svedjan: It's a review process, not really calling it a certificate of need. The communities have to justify what it is they're wanting to do. The Health Dept. through Tim Wedrick helped make that determination.

874-Rep. Warner: I think we need to not think of the needs of the service area on a single level. We need to think of it on two levels. The first, immediate response, that they're breathing and circulation response which should be speeded up by first providers. Legally, ambulances are not allowed to leave the garage without a driver, plus two attendants. And to assemble that through volunteer forces where they have to be coming maybe 5 or 10 miles in different directions, sometimes longer. The first response is to grab a du__kit and ru n, and they can get there within the first 10 minutes. It's a much better response.

950-Vice-Chairman Delzer: I think one of the things that the ambulance service is trying to do is trying to go to a system where everybody's covered the best way they can. This is a policy statement that came out of the Human Service committee. Maybe you could sunset language on that in two years and see if there are any problems. We could ask for a review in 2 years by the legislative committee and bring it back up.

1102-Chairman Svedjan: Rep. Kerzman, what Rep. Delzer just suggested, would that be helpful to you?

1153-Rep. Kerzman: I think that would help. It answers part of the problem. It's only appropriations over the next biennium anyway, isn't it?

1162-Vice-Chairman Delzer: Well the appropriation is only for the next biennium. Allen, (LC) I would think this would be permanent code. For appropriation I think it's sunset. I think any code changes are permanent unless they're changed. I don't see a sunset on the whole bill.

1200-Allen: (LC): That's correct. In the bill it says there's an expiration date, but I don't see it.

1235-Vice-Chairman Delzer: When is the expiration date on appropriations?

1253-Rep. Kliniske: It also says under section 9, which was not removed in the amendment effective through June 30th 2003. And the only area of the bill that deals with the QIU's is section 9 and 10. And if sections 9 and 10 sunset, then the program does go away. The rest of the bill talks of just housekeeping.

1290-Allen: (LC): Except in section 1, that's a permanent change.

1316-Chairman Svedjan: What are your wishes?

1322-Rep. Warner: **I move a do pass as amended.**

1328-Chairman Svedjan: **Is there a second?**

1330-Rep. Kliniske: **Second.**

1334-Chairman Svedjan: Any further discussion?

1337-Rep. Kempenich: Did we address this issue?

1343-Chairman Svedjan: There is a handout regarding the MS personal. (attachment #1)

1429-Vice-Chairman Delzer: The way I read that, it says that we went ahead and did what we did, but I feel comfortable doing it anyway.

1443-Rep. Kerzman: I feel the same way. These emergency quick response unit's, would they be able to access mill levies from counties?

1472-Vice-Chairman Delzer: My understanding of it is they would be part of the unit, and that unit would be accessing the mill levies.

1492-Rep. Kerzman: How about the training?

1499-Vice-Chairman Delzer: Same thing.

1542-Chairman Svedjan: Any other discussion on the motion? Hearing none we'll take a roll call vote on a Do Pass as amended with a recommendation on HB 1202.

CHAIRMAN KEN SVEDJAN,-Y	**VICE-CHAIRMAN JEFF DELZER,-Y**
REP. KEITH KEMPENICH,-Y	**REP. JAMES KERZMAN,-Y**
REP. AMY KLINISKE,-Y	**REP. JOHN M. WARNER-Y**

1591-Chairman Svedjan: OK, the motion passes unanimously. Who would like to carry the bill?

1601-Rep. Kempenich: I will.

1603-Chairman Svedjan: OK, Rep. Kempenich. We will close this session on HB 1202.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **HB1202**

House Appropriations Committee

☐ Conference Committee

Hearing Date **February, 9, 2001**

Tape Number	Side A	Side B	Meter #
1	x		3320 - 5025

Committee Clerk Signature

Minutes:

HOUSE APPROPRIATIONS COMMITTEE ACTION ON HB1202.

Rep. Kempenich: HB1202 is a bill that was brought before us by Rep. Porter, and basically what it does is, I guess I will address the amendments first. The amendment that we added to the engrossed bill that we had, we didn't feel like the license fee should be charged to the individual and then another part of the amendment was that the money would stay in the health care trust fund until it was requested for. So we didn't have a lump going out to the department and the health department would have to request it. That's what the amendments do. But basically the bill is trying to address a problem that we are running into in the rural areas of the state, while there is ambulance services that are going on right now that are having harder and harder times to find volunteers to man these ambulance services and what this bill does would, would help the ambulance services that are in these small towns that are having trouble would be able to convert over to a quick response units and would give them some grant money and basically the grant

money would be to buy portable defibrillators and other equipment, because they would be getting rid of most of their physical equipment, because quick response units use there own vehicles and stuff, and so the money that was appropriated would be for these units to get grants which in effect would be start up grants for equipment. There would be five new quick response units that would get $5000 start up grant and that would be the maximum, and then the converting ones would receive $5000 for equipment in converting quick response units and if there was any money left over they had it where any additional funds, they could go up to 10 more units. It is something that is needed, and the money is coming out of the ITT fund.

Rep. Timm: Rep. Kempenich, I noticed that the bill was originally introduced for $200,000 and it was amended by the Human Services Committee up to $225,000. Did you ask about that?

Rep. Kempenich: What they were looking at was, is that they identified that many units that come on. They put in the five and then the twenty, so that's where the $225,000, they have identified that many that would want to convert to this type of a system because of the lack of volunteers in these rural areas. They needed some type of medical response units out there.

I will make a motion to adopt the amendments, Seconded by Rep. Svedjan.

Rep. Byerly: Did anybody ask the bill sponsor if what Rep. Kempenich description is, it sounds like they are converting from an existing ambulance service to a quick attack system. Any you said they would be getting rid of most of their equipment. Wouldn't these services be selling that equipment and recouping some amount of money? Is that built into this, so that if sold their ambulance and got several thousand dollars for it, wouldn't there be money available to buy the kind of equipment they would need for the quick attack?

Rep. Kempenich: From what I understood from talking with them, is that most of the equipment that is ambulance equipped is, that most of these people would not be qualified to run a lot of that equipment.

Rep. Byerly: What I am asking is that, wouldn't they sell that more complicated equipment and have money available to buy the kind of equipment they would need for the quick attack?

Rep. Kempenich: I am assuming that they would probably sell some of it.

Rep. Delzer: Rep. Byerly, one of the things we have to remember here is they would still have to be attached to an active ambulance unit, so they would combine with them and then if there was a sale it just would probably be used to upgrade the existing equipment in both of them, or something like that. The idea you have isn't bad, but the committee and with the testimony we had we didn't see any reason to pursue that.

Rep. Skarphol: Is this an attempt to give us the ability in rural communities to have people aid the ambulance service and not have to meet all of the EMT requirements, all of the schooling and the requirements that way so that we have more people available?

Rep. Svedjan: Yes, this is an attempt to do a number of things, but it really is an attempt to allow some of those under served areas in the state to develop quick response units where they may not have them already, where individuals would be equipped with a little crash cart, so to speak, where they could get to the scene of the accident or illness or whatever it may be, render quick response to that incident, and then to tie in with a neighboring ambulance with would serve more or less as an intercept of that patient. So, yes, it is intended to get a quick response out there, particularly in areas where they have difficulty in retaining volunteers for an existing ambulance service or where they could identify people who are willing to serve as an EMT but operate virtually out of there own home or their own car.

Rep. Timm: Actually were discussing the bill and so I would like to get the amendment out of the way first. Rep. Kempenich you should address the committee just about the amendment.

Rep. Kempenich: It should be clarified that the license fees should not be addressed to the individuals, it should be addressed to the unit, and the second part, was that the money should be appropriated as needed, instead of appropriated out to the Health Dept. They would have to request it.

Rep. Timm: Let's get the amendment out of the way. Any other questions on the amendment? All those in favor of adopting the amendment Say Aye! Voice Vote. Motion carried, now we have the bill. Any further discussion on the bill.

Rep. Byerly: The bill said says that it will come from the Health Care Trust Fund, do we have any place that shows us what the balance is in that, and how many bills we have that are accessing that money, because I know that I have seen a few on the floor that are accessing the Health Care Trust Fund, we have a tobacco eradication program that's accessing that I believe, do we have the money in there?

Rep. Svedjan: The HR section does have HB1196, which is the inter governmental transfer fund, and we have taken testimony on that, we have begun working on it, there is $225,000 for this bill is in HB1196. To answer you question about how many other invasions there may be attempted of the inter governmental transfer money, I can only respond to what is in there now, and this $225,000 is in there.

Rep. Timm: Rep. Kempenich, I need a motion to adopt the bill.

Rep. Kempenich: I move that we adopt HB1202 as amended. Seconded by Rep. Svedjan.

Rep. Timm: Any other discussion of the bill?

Rep. Aarsvold: I'm not sure who can respond here, but in our area, we have a very dedicated group of people who we call first responders and they are distributed across the county, typically on a township basis, and these are volunteers who seem to be filling the same kind of response or same kind of need as the quick response units that are being suggested in this bill. Can someone help me to understand the relationship between the so called first responders and the quick response units?

Rep. Kempenich: Both of those work with the local ambulance services, this is basically targeting ambulance services who have trouble in maintaining a staff in these towns, its a consolidation of some of these ambulance services is the main thrust of way this bill is trying to do to get them to convert.

Rep. Aarsvold: In essence your saying that there will be no effect on the first responders?

Rep. Kempenich: Not that I'm aware of. This would be for new people, who are converting services.

Rep. Gulleson: Are those existing services eligible for these dollars?

Rep. Kempenich: I from what I understood, they are not

Rep. Delzer: No, they are not and the reason they are not, is the $5000 is about the cost of the equipment to become a first responder, and the existing ones already have it and because of that and through the existing grant and training process in the department of health they are eligible for moneys that way. This is to help with initial buy up of equipment in either conversions or 5 or 10 first time bu[illegible]

Rep. Gulleson: Where they basically helped with there initial conversion as well?

Rep. Delzer: My understanding of this would be, that they would have been helped only through the existing grant program which will be in place the same as it was the last time.

Rep. Timm: Any other discussion? We have a motion for a DO PASS as amended. Roll call vote will be taken. (21) YES (0) NO Motion passes. Rep. Kempenich will carry the bill to the floor.

End of committee action on HB1202.

10251.0301
Title.

Prepared by the Legislative Council staff for
Representative Delzer
February 5, 2001

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1202

Page 2, line 27, after the period insert "This license fee shall not be assessed individuals providing emergency medical services."

Page 6, line 2, after the period insert "The moneys appropriated shall be made available by the office of management and budget as requested by the state department of health to pay for the actual costs of the pilot program."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1202 - Emergency Medical Services

This amendment provides that the State Department of Health shall not assess a license fee to individuals who provide emergency medical services.

This amendment requires the State Department of Health to request funds from the Office of Management and Budget for the costs of the quick-response pilot project as needed.

10251.0302
Title.

Prepared by the Legislative Council staff for
House Appropriations
February 8, 2001

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1202

Page 2, line 27, after the period insert "This license fee shall not be assessed individuals providing emergency medical services."

Page 6, line 2, after the period insert "The moneys appropriated shall be made available by the office of management and budget as requested by the state department of health to pay for the actual costs of the pilot program."

Renumber accordingly

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Date: Feb 8, 2001
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

☒ Subcommittee on Human Resources
or
☐ Conference Committee

Legislative Council Amendment Number 10251.0302

Action Taken Motion to Adopt Amendments

Motion Made By Rep. Delzer Seconded By Rep. Kempenich

Representatives	Yes	No	Representatives	Yes	No
Chairman Ken Svedjan					
Vice-Chairman Jeff Delzer					
Rep. Keith Kempenich					
Rep. James Kerzman					
Rep. Amy Kliniske					
Rep. John M. Warner					
		*	Voice Vote		

Total (Yes) 6 No 0

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: Feb. 8, 2001
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

☒ Subcommittee on Human Resources
or
☐ Conference Committee

Legislative Council Amendment Number 10251.0302

Action Taken Do Pass as amended

Motion Made By Rep Warner Seconded By Rep. Kliniske

Representatives	Yes	No	Representatives	Yes	No
Chairman Ken Svedjan	✓				
Vice-Chairman Jeff Delzer	✓				
Rep. Keith Kempenich	✓				
Rep. James Kerzman	✓				
Rep. Amy Kliniske	✓				
Rep. John M. Warner	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Rep. Kempenich

If the vote is on an amendment, briefly indicate intent:

Date: 2/9/01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB1202

House APPROPRIATIONS Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS AS AMENDED

Motion Made By Kempenich Seconded By Svedjan

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman	✓				
Wald - Vice Chairman	✓				
Rep - Aarsvold	✓		Rep - Koppelman	✓	
Rep - Boehm	✓		Rep - Martinson	✓	
Rep - Byerly	✓		Rep - Monson	✓	
Rep - Carlisle	✓		Rep - Skarphol	✓	
Rep - Delzer	✓		Rep - Svedjan	✓	
Rep - Glassheim	✓		Rep - Thoreson	✓	
Rep - Gulleson	✓		Rep - Warner	✓	
Rep - Huether	✓		Rep - Wentz	✓	
Rep - Kempenich	✓				
Rep - Kerzman	✓				
Rep - Kliniske	✓				

Total (Yes) 21 No 0

Absent 0

Floor Assignment Kempenich

If the vote is on an amendment, briefly indicate intent:

2001 SENATE HUMAN SERVICES

HB 1202

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1202

Senate Human Services Committee

❑ Conference Committee

Hearing Date March 14, 2001

Tape Number	Side A	Side B	Meter #
1	X		
1		X	
2	X		20.8
Committee Clerk Signature	Carol Kolodejchuck		

Minutes:

Vice Chairman Kilzer called the Senate Human Services Committee to order. Senator Lee was absent. All other Senators present.

The hearing was opened on HB 1202.

REPRESENTATIVE DALE SEVERSON, Sponsor, introduced the bill. The focus pilot project is funded with IGT funds. It provides patient care. The community would relinquish license from ambulance to quick response unit. Communities will have the service. House amendments say communities can set up quick response unit. SENATOR ERBELE: Can they use the vehicle? REP SEVERSON: They cannot transport patient. SENATOR KILZER: What is the $5,000. REP. SEVERSON: It will be used for equipment needed and to recruit and train people.

REPRESENTATIVE TODD PORTER, cosponsor of bill, explained the bill. 911 should get someone trained on the scene as soon as possible. First responder is basic first aide Programs are in place for training grants. This is only for equipment. SENATOR KILZER: Certified

EMT has 110 hours of training. EMS has 40 hours of training. How many training hours do law enforcement officers take? REP PORTER: They take 40 hours with no recertification requirements. They are given CPR every two years. EMS needs 16 hours continuing education. State Highway Patrol are EMS and carry emergency equipment/oxygen. After 911 is called we don't care who is first to get there; just take care of the emergency.

TIM WIEDRICH, ND Dept of Health, is neutral on the bill. (Written testimony) The issue is a license as opposed to certification. SENATOR MATHERN: In the case of a person who violates a requirement, who would pay the costs. MR. WIEDRICH: It comes out of the Dept. Of Health budget.

ARNOLD THOMAS, ND Healthcare Assoc., supports bill. (Written testimony). Also supports amendments.

DEREK HANSON, ND EMS Assoc., supports bill (Written testimony) and the amendments presented. Law enforcement can't respond to all areas and cannot carry the emergency equipment. SENATOR MATHERN: How much equipment is there to be an EMS response person? MR. HANSON: Jump bag in trunk. If there is an older ambulance vehicle is would be in the vehicle. MR. WIEDRICH: Oxygen, bandages, suction; about $150-300 per bag. SENATOR ERBELE is an EMT and carries jump bag. He described it. $3,000 will be used for this equipment.

GLENN THOM, Pres. ND Society of Respiratory Care, supports bill and presented some amendments. (Written testimony) SENATOR KILZER: Why is respiratory care concerned with the level of care EMT and EMS represent? MR. THOM: We do not work day to day with them, but we do work with them and see their level of commitment and by enlarge see them as professional medical people and we want to ensure that that continues.

DAVE PESKE, ND Medical Assoc., supports the concept of this bill. We support the amendments from the sponsor. Med. Assoc. Was part of the discussion. On page 2, subsection 3 line 3 out of state operators transporting patients; it was agreed that would be taken care of by rule. The second issue is on page 1 subsection 1 lines 7-13 , limitations of the service coming back in after a couple of years. Our concern is changing the word may to shall. We don't want it to be a certificate of need. SENATOR MATHERN: What is certificate of need. MR. PESKE: Concern is place of limit in expansion by Health Dept.

BILL LOKEN, Bismarck City Administrator, testified in a neutral position. (Written testimony) Concern is work need. I do think the amendments solve the problems. SENATOR MATHERN: Who do you have contract with? MR. LOKEN: Metro Ambulance Service. It is a multi-year contract and we are satisfied with the service so I am confident that we would renew it.

SENATOR KILZER: Rep. Porter, please explain the amendments. REP. PORTER: The amendments were not on the House side. Glenn Thom amendments take rules out and put in statute. Current system is working fine.

Hearing was closed on HB 1202..

Tape 2, Side A, Meter 17.

Discussion resumed on the bill. SENATOR ERBELE moved the amendments 10251.0401 SENATOR MATHERN seconded the motion. Voice vote carried. SENATOR ERBELE moved the amendments presented by Rep. Porter. SENATOR MATHERN seconded the motion. Voice vote carried. SENATOR ERBELE moved DO PASS as AMENDED and REREFER to App. SENATOR FISCHER seconded the motion. Discussion. Roll call vote carried 6-0-0. SENATOR ERBELE will carry the bill.

Rep Porter

10251.0401
Title.

Prepared by the Legislative Council staff for
Representative Porter
March 6, 2001

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1202

Page 2, line 20, after the second underscored comma insert "air ambulance services,"

Renumber accordingly

Rep Todd Porter

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1202

Page 1, line 9, overstrike "**ambulance**" and insert immediately thereafter "**emergency medical**" and after "**services**" insert "**operations**"

Page 1, line 12, replace "may" with "shall"

Page 1, line 14, after "area" insert "if the applicant for the new license was licensed prior to the effective date of this act and was subsequently relicensed under section 23-27-04.5"

Page 2, line 16, after "the" insert "prehospital"

Renumber accordingly

Adopted by the Human Services Committee
March 14, 2001

3-14-1

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1202

Page 1, line 9, overstrike "**ambulance**" and insert immediately thereafter "**emergency medical**" and after "**services**" insert "**operations**"

Page 1, line 12, replace "may" with "shall"

Page 1, line 14, after "area" insert "If the applicant for the new license was licensed before the effective date of this Act and was subsequently relicensed under section 23-27-04.5"

Page 2, line 16, after "the" insert "prehospital"

Page 2, line 20, after the second underscored comma insert "air ambulance services,"

Renumber accordingly

Date: 3/14/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do pass as Amended & rereferred to Approp.

Motion Made By Sen Erbele Seconded By Sen Fischer

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen Erbele

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1202, as reengrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1202 was placed on the Sixth order on the calendar.

Page 1, line 9, overstrike "**ambulance**" and insert immediately thereafter "emergency medical" and after "**services**" insert "operations"

Page 1, line 12, replace "may" with "shall"

Page 1, line 14, after "area" insert "If the applicant for the new license was licensed before the effective date of this Act and was subsequently relicensed under section 23-27-04.5"

Page 2, line 16, after "the" insert "prehospital"

Page 2, line 20, after the second underscored comma insert "air ambulance services,"

Renumber accordingly

2001 SENATE APPROPRIATIONS

HB 1202

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1202

Senate Appropriations Committee

☐ Conference Committee

Hearing Date March 26, 2001

Tape Number	Side A	Side B	Meter #
Tape #2	x		43.5 - 54.3
Tape #2		x	0.0 - 15.2
Committee Clerk Signature			

Minutes:

Senator Nething opened the hearing on HB1202; relating to the creation of a quick-response unit service pilot program; relating to licensure of emergency medical services operations; to provide an appropriation; and to provide an expiration date.

Representative Todd Porter, District 34, Mandan, and one of the primary sponsors, testified in support of HB1202 (a copy of his written testimony is attached). He also distributed a copy of "Background" information regarding sudden out-of-hospital cardiac arrest statistics (a copy is attached). To better understand the importance, he gave a demonstration using a defibrillator.

Senator Solberg: Request is here now, but how many dollars will be requested next session---2003-2005?

Representative Porter: The concept here is for a pilot program -- perceived as necessary. If all dollars are spent, hope to do 10 more --- eventually having the whole state covered.

Senator Solberg: Section 1, ambulance emergencies --- are they not eligible for some county mill levy dollars?

Representative Porter: Changed two years ago --- now if they so choose. 141 ambulances in the state, 67 received mill levy dollars. Example: Using the full 5 mills (1 mill equals $1800) -- city of Wing ---equals $18,000 per year, no better than the fund raising activities.

Representative Dale Severson, District 23, Cooperstown, and one of the primary sponsors of the proposed legislation, testified in its behalf. He distributed copies of a letter from Tim Wiedrich, Director, Division of Emergency Health Services, regarding mill levies collected on behalf of the North Dakota licensed ambulance services (a copy of which is attached). He also passed around a North Dakota map marked with areas --- shows 138 ambulances --- 3 have received waivers; one of which has been retired (Sherwood)-- for the 141 total mentioned earlier (the map is attached).

Senator Tallackson: Believe Grafton voted a mill levy for its ambulance, and not recorded on your data sheet, timing?

Representative Severson: Those are last year's figures, if Grafton voted recently, that would be a timing issue, yes.

Timothy Wiedrich, Director of the Division of Emergency Health Services for the North Dakota Department of Health testified in a neutral position (a copy of his written testimony is attached).

Arnold Thomas, President of the North Dakota Healthcare Association, testified in support of HB1202 (a copy of his written testimony is attached).

Derek Hanson, President, North Dakota EMS Association, testified support with the amendments as offered by Representative Porter (a copy of his written testimony is attached).

Senator Nething closed the hearing on HB1202 after hearing no further requests for, against, or neutral testimony.

Senator Nething assigned HB1202 to the Intergovernmental Transfer Subcommittee: Senator Solberg, Chair; Senator Bowman, Senator Thane, Senator Tomac, and Senator Heitkamp.

3-29-01 Full Committee Action (Tape #3, Side A, Meter # 11.2-15.1)

Senator Nething reopened the hearing on HB1202 - Quick-response unit service.

Senator Solberg, Subcommittee Chair presented a review of the bill, and the Subcommittee's recommendation - amendments # 10251.0404. Discussion.

Senator Solberg moved the amendments; Senator Holmberg seconded the motion. Discussion; call for the voice vote: carried.

Senator Solberg moved a AS AMENDED DO PASS AS AMENDED, Senator Holmberg seconded the motion. Discussion; followed by the vote call. Roll Call Vote: 14 yes; 0 no; 0 absent and not voting.

Senator Erbele will be asked to carry the bill, Senator Solberg the amendment.

Date: 5-29-01

Roll Call Vote #:

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2022

Senate Appropriations Committee

☐ Subcommittee on

or

☐ Conference Committee

Legislative Council Amendment Number 10251.0401

Action Taken Do pass as amended Re-impose Rec. amended

Motion Made By Senator Solberg Seconded By Senator Bowman

Senators	Yes	No	Senators	Yes	No
Dave Nething, Chairman	✓				
Ken Solberg, Vice-Chairman	✓				
Randy A. Schobinger	✓				
Elroy N. Lindaas	✓				
Harvey Tallackson	✓				
Larry J. Robinson	✓				
Steven W. Tomac	✓				
Joel C. Heitkamp	✓				
Tony Grindberg	✓				
Russell T. Thane	✓				
Ed Kringstad	✓				
Ray Holmberg	✓				
Bill Bowman	✓				
John M. Andrist	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Senator G. Nelson

If the vote is on an amendment, briefly indicate intent: Solberg (amend)

REPORT OF STANDING COMMITTEE

HB 1202, as reengrossed and amended: Appropriations Committee (Sen. Nething, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1202, as amended, was placed on the Sixth order on the calendar.

In addition to the amendments adopted by the Senate as printed on page 836 of the Senate Journal, Reengrossed House Bill No. 1202 is further amended as follows:

Page 1, line 3, after "sections" insert "11-28.3-01, 11-28.3-08, 11-28.3-09, 11-28.3-14, 23-12-08," and remove "and"

Page 1, line 4, after "23-27-04.4" insert ", 57-15-06.7, 57-15-20.2, 57-15-50, 57-15-51, 57-15-51.1, and subsection 21 of section 58-03-07"

Page 1, line 5, after "operations" insert "and mill levies for emergency medical services and rural ambulance services"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-01 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-01. Territory to be organized - Petition. Whenever twenty percent of the qualified electors, as determined by the vote cast in the last preceding gubernatorial election, residing in any rural territory, equivalent in area to one township or more not presently served by an existing~~ambulance~~ emergency medical service, elect to form, organize, establish, equip, and maintain a rural ambulance service district, they shall signify their intention by presenting to the county auditor of the county or counties in which the territory is situated, a petition setting forth the desires and purposes of the petitioners. The petition shall contain the full names and post-office addresses of the petitioners, the suggested name of the proposed district, the area in square miles [hectares] to be included therein, and a complete description according to government survey, wherever possible, of the boundaries of the real properties intended to be embraced in the proposed rural ambulance service district. A plat or map showing the suggested boundaries of the proposed district shall accompany the petition, and the petitioner shall also deposit with the county auditor a sum sufficient to defray the expense of publishing the notices required by sections 11-28.3-02 and 11-28.3-03. Provided further that any city located within the area, whether such city has~~ambulance service~~ emergency medical services or not, may be included in the rural ambulance district if twenty percent or more of the qualified electors residing in the city sign the petition.

SECTION 2. AMENDMENT. Section 11-28.3-08 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-08. Powers of board of directors. The board of directors shall have the following general powers to:

1. Develop a general ~~ambulance~~ emergency medical service program for the district.
2. Make an annual estimate of the probable expense of carrying out the program.
3. Annually certify that estimate to the proper county auditor in the manner provided by section 11-28.3-09.

4. Manage and conduct the business affairs of the district.

5. Make and execute contracts in the name of and on behalf of the district with regard to a general ~~ambulance~~emergency medical service program.

6. Purchase or lease ambulances, or other emergency vehicles, supplies, and other real or personal property as shall be necessary and proper to carry out the general ~~ambulance~~emergency medical service program of the district.

7. Incur indebtedness on behalf of the district within the limits prescribed by section 11-28.3-10, authorize the issuance of evidences of indebtedness permitted under section 11-28.3-10, and pledge any real or personal property owned or acquired by the district as security for the same.

8. Organize, establish, equip, maintain, and supervise an~~ambulance~~ emergency medical service company to serve the district.

9. Generally perform all acts necessary to fully carry out the purposes of this chapter.

SECTION 3. AMENDMENT. Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. ~~Ambulance~~ Emergency medical **service policy to be determined.** The board of directors shall establish a general ~~ambulance~~ emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. The auditor or auditors shall levy a tax not to exceed five mills upon the taxable property within the district for the maintenance of the ambulance service district for the fiscal year as provided by law. The tax shall be:

1. Collected as other taxes are collected in the county.

2. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

3. Deposited by the secretary-treasurer in a state or national bank in a district account.

4. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated ~~ambulance~~emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent~~ambulance~~ emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual

operating budget and the annual ten percent~~ambulance~~ emergency medical services sinking fund shall not exceed the approved mill levy.

SECTION 4. AMENDMENT. Section 11-28.3-14 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-14. Payments by certain organizations. Any property tax-exempt club, lodge, chapter, charitable home, dormitory, state or county fair association, or like organization located within a rural ambulance service district and outside the boundaries of any city shall pay to the board of directors of the district annually for ~~ambulance~~ emergency medical service an amount agreed upon, but not less than twenty-five percent of the amount which would be levied against the property under the provisions of this chapter if the property were subject to levy.

Funds derived from such payments shall be expended by the district for ~~ambulance~~ emergency medical service supplies and equipment and the training of ~~ambulance~~emergency medical service personnel.

SECTION 5. AMENDMENT. Section 23-12-08 of the North Dakota Century Code is amended and reenacted as follows:

23-12-08. ~~Ambulance~~ Emergency medical service authorized. Any county or municipality of the state of North Dakota, by itself, or in combination with any other county or municipality of the state of North Dakota, may, acting through its governing body, establish, maintain, contract for, or otherwise provide ~~ambulance~~emergency medical service for such county or municipality; and for this purpose, out of any funds of such county or municipality not otherwise committed, may buy, rent, lease, or otherwise contract for all such vehicles, equipment, or other facilities or services which may be necessary to effectuate such purpose."

Page 5, after line 29, insert:

"**SECTION 15. AMENDMENT.** Section 57-15-06.7 of the North Dakota Century Code is amended and reenacted as follows:

57-15-06.7. Additional levies - Exceptions to tax levy limitations in counties. The tax levy limitations specified in section 57-15-06 do not apply to the following mill levies, which are expressed in mills per dollar of taxable valuation of property in the county:

1. Counties supporting airports or airport authorities may levy a tax not exceeding four mills in accordance with section 2-06-15.

2. Counties levying an additional tax as provided in section 4-02-27.2 may levy a tax not exceeding two mills for a period of not to exceed ten years.

3. Repealed by S.L. 1995, ch. 61, § 14.

4. Counties levying a tax for extension work as provided in section 4-08-15 may levy a tax not exceeding two mills.

5. Counties levying a tax for extension work as provided for in section 4-08-15.1 may levy a tax not exceeding two mills.

6. Counties levying a tax for gopher, rabbit, and crow destruction as provided in section 4-16-02 may levy a tax not exceeding one-half of one mill.

7. Counties levying a tax for payment of a judgment obtained by the state or a state agency against the county in accordance with section 11-11-46 may levy a tax not exceeding one mill.

8. Counties levying a tax for historical works in accordance with section 11-11-53 may levy a tax not exceeding one quarter of one mill, except that if sixty percent of the qualified electors voting on the question of an increase levy as provided in section 11-11-53 shall approve, a tax may be levied not exceeding three quarters of one mill.

9. A county levying a tax for a booster station in accordance with section 11-11-60 may levy a tax not exceeding two mills.

10. A county levying a tax to pay expenses of the board of county park commissioners in accordance with section 11-28-06 may levy a tax not exceeding one mill.

11. Repealed by S.L. 1999, ch. 154, § 2.

12. A county levying a tax for a county or community hospital association as provided in section 23-18-01 may levy a tax for not more than five years not exceeding eight mills in any one year or, in the alternative, for not more than fifteen years at a mill rate not exceeding five mills.

13. A county levying a tax for a nursing home authority in accordance with section 23-18.2-12 may levy a tax not exceeding five mills.

14. A county levying a tax for county roads as provided in section 24-05-01 may levy a tax not exceeding five mills if approved as provided in that section.

15. A county levying a tax to establish and maintain a public library service as provided in section 40-38-02 may levy a tax not exceeding four mills.

16. A county levying a tax to provide for vocational and on-the-job training services as provided in section 40-57.2-04 may levy a tax not exceeding one mill.

17. A county levying a tax for farm-to-market and federal-aid roads as provided in section 57-15-06.3 may levy a tax not exceeding the levy established by the ballot approved by the electors as provided in that section.

18. A county levying a tax for a county veterans' service officer's salary, traveling, and office expenses in accordance with section 57-15-06.4 may levy a tax not exceeding one and one-fourth mills.

19. A county levying a tax for planning purposes as provided in section 57-15-06.5 may levy a tax not exceeding three mills.

19.1. A county levying a tax for regional or county corrections centers according to section 57-15-06.6 may levy a tax not exceeding five mills.

20. A county levying a tax for advertising purposes as provided in section 57-15-10.1 may levy a tax not exceeding one-half mill.

21. A county levying a tax for abandoned cemetery maintenance as provided in section 57-15-27.2 may levy a tax not exceeding one-tenth of one mill.

22. A county levying a tax for emergency purposes as provided in section 57-15-28 may levy a tax not exceeding two mills.

23. A county levying a tax for county ~~ambulance~~emergency medical service according to section 57-15-50 may levy a tax not exceeding five mills.

24. A county levying a tax for destruction of weeds along highways as provided in section 57-15-54 may levy a tax not exceeding two mills.

25. A county levying a tax for programs and activities for senior citizens according to section 57-15-56 may levy a tax not exceeding two mills.

26. A county levying a tax for county welfare in accordance with section 57-15-57 may levy a tax not exceeding two mills.

27. A county levying a tax to repay a loan according to section 57-47-04 may levy a tax not to exceed three mills.

28. Tax levies made for paying the principal and interest on any obligations of the county evidenced by the issuance of bonds.

29. A county levying a tax for a job development authority as provided in section 11-11.1-04 or for the support of an industrial development organization as provided in section 11-11.1-06 may levy a tax not exceeding four mills on the taxable valuation of property within the county. However, if any city within the county is levying a tax for support of a job development authority or for support of an industrial development organization and the total of the county and city levies exceeds four mills, the county tax levy within the city levying under subsection 28 of section 57-15-10 must be reduced so the total levy in the city does not exceed four mills.

30. Counties levying a tax for county fairs according to section 4-02-26 may levy a tax not exceeding one mill.

31. Counties levying a tax according to section 4-02-27 for a county fair association may levy a tax not exceeding one and one-half mills.

32. Counties levying a tax in accordance with section 4-02-27.1 for a county fair association may levy a tax not exceeding one-half mill.

33. A county levying a tax for programs and activities for handicapped persons according to section 11-11-65 may levy a tax not exceeding one-half mill.

34. Counties levying an annual tax for human services purposes as provided in section 50-06.2-05 may levy a tax not exceeding twenty mills.

35. A county levying a tax for county parks and recreational facilities in accordance with section 57-15-06.9 may levy a tax not exceeding three mills.

36. A county levying a tax for old-age and survivors' insurance according to section 52-09-08, for social security, for an employee retirement program established by the governing body, for county automation and

telecommunications under section 57-15-62, or for any combination of those purposes, may levy a tax not exceeding thirty mills. The portion of the levy under this subsection for county automation and telecommunications under section 57-15-62 may not exceed five mills.

Tax levy or mill levy limitations do not apply to any statute which expressly provides that taxes authorized to be levied therein are not subject to mill levy limitations provided by law.

SECTION 16. AMENDMENT. Section 57-15-20.2 of the North Dakota Century Code is amended and reenacted as follows:

57-15-20.2. Exceptions to tax levy limitations in townships. The tax levy limitations specified in section 57-15-20 do not apply to the following mill levies, which are expressed in mills per dollar of taxable valuation of property in the township:

1. A township levying a tax for prevention and extinguishment of fires in accordance with section 18-06-10 may levy a tax not exceeding one mill.

2. A township levying a tax to establish a recreation system according to section 40-55-08 may levy a tax not exceeding two and five-tenths mills, except that a township may levy an amount not exceeding eight and five-tenths mills if the provisions of section 40-55-09 are met.

3. A township levying a tax for the purpose of cooperating with the county in constructing and maintaining federal-aid farm-to-market roads in accordance with section 57-15-19.4 may levy a tax not exceeding five mills.

4. A township levying a tax for law enforcement in accordance with section 57-15-19.5 may levy a tax not exceeding five mills.

5. A township levying a tax for mowing or snow removal equipment in accordance with section 57-15-19.6 may levy a tax not exceeding three mills.

5.1. A township levying a tax for a legal contingency fund in accordance with section 57-15-22.2 may levy a tax not exceeding ten mills for not to exceed five years.

6. A township levying a tax for airport purposes in accordance with section 57-15-37.1 may levy a tax not exceeding four mills.

7. A township levying a tax for ~~ambulance~~emergency medical service in accordance with section 57-15-51.1 may levy a tax not exceeding five mills.

8. A township levying a tax for park purposes in accordance with section 58-17-02 may levy a tax not exceeding two mills.

Tax levy or mill levy limitations do not apply to any statute which expressly provides that taxes authorized to be levied therein are not subject to mill levy limitations provided by law.

SECTION 17. AMENDMENT. Section 57-15-50 of the North Dakota Century Code is amended and reenacted as follows:

57-15-50. Levy authorized for county ~~ambulance~~emergency medical **service.** Upon petition of ten percent of the number of qualified electors of the county voting in the last election for governor or upon its own motion, the board of county commissioners of each county shall levy annually a tax not exceeding the limitation in subsection 23 of section 57-15-06.7, for the purpose of subsidizing county ~~ambulance~~emergency medical services; provided, that this tax must be approved by a majority of the qualified electors of the county voting on the question at a regular or special countywide election. The county may budget, in addition to its annual operating budget for subsidizing ~~ambulance~~ emergency medical service, no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated ~~ambulance~~ emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent~~ambulance~~emergency medical services sinking fund must be in addition to the annual operating budget for subsidization, but the total of the annual operating budget and the annual ten percent~~ambulance~~ emergency medical services sinking fund may not exceed the approved mill levy. If the county contains a rural ambulance service district or rural fire protection district that levies for and provides ~~ambulance~~ emergency medical service, the property within that district is exempt from the county tax levy under this section upon notice from the governing body of the district to the board of county commissioners of the existence of the district.

SECTION 18. AMENDMENT. Section 57-15-51 of the North Dakota Century Code is amended and reenacted as follows:

57-15-51. Levy authorized for city ~~ambulance~~emergency medical **service.** Upon petition of ten percent of the number of qualified electors of the city voting in the last election for governor or upon its own motion, the governing body of each city in this state shall levy annually a tax of not to exceed five mills upon its taxable valuation, for the purpose of subsidizing city ~~ambulance~~ emergency medical services; provided, that such tax must be approved by a majority of the qualified electors of the city voting on the question at a regular or special city election. Whenever a tax for county ~~ambulance~~ emergency medical services is levied by a county, any city levying a tax for, or subsidizing city ~~ambulance~~ emergency medical services, shall upon written application to the county board of such county be exempted from such county tax levy. The city may set aside, as a depreciation expense, up to ten percent of its annual~~ambulance~~ emergency medical service operating or subsidization budget in a dedicated ~~ambulance~~emergency medical services sinking fund, deposited with the auditor for replacement of equipment and ambulances. The ten percent~~ambulance~~ emergency medical services sinking fund may be in addition to the actual annual ~~ambulance~~emergency medical services budget but the total of the annual~~ambulance~~ emergency medical services budget and the annual ten percent ~~ambulance~~ emergency medical services fund may not exceed the approved mill levy.

SECTION 19. AMENDMENT. Section 57-15-51.1 of the North Dakota Century Code is amended and reenacted as follows:

57-15-51.1. Levy authorized for township ~~ambulance~~emergency medical **service.** Pursuant to a vote of sixty percent of the qualified electors voting at the annual township meeting, or at a special election called for that purpose upon petition of fifty percent of the number of qualified electors of the township voting in the last election for governor, the board of township supervisors shall levy annually a tax approved by the qualified electors not exceeding the limitation in subsection 7 of section 57-15-20.2 for the purpose of subsidizing township~~ambulance~~ emergency medical service.

SECTION 20. AMENDMENT. Subsection 21 of section 58-03-07 of the North Dakota Century Code is amended and reenacted as follows:

21. To direct the transfer of township funds to a rural ambulance service district for ~~ambulance~~ emergency medical service within the township."

Renumber accordingly

2001 TESTIMONY

HB 1202

TESTIMONY ON HB 1202

TODD PORTER, STATE REPRESENTATIVE

DISTRICT 34 MANDAN

Good morning, Madam Chair and members of the House Human Services Committee. For the record, my name is Todd Porter, State Representative from Mandan.

HB 1202 is a bill worked on during the interim by myself, Rep. Severson, Rep. Galvin and Senator Christmann. We were approached by various ambulance service jurisdictions that there were some problems in the existing law that needed to be corrected in order to provide ambulance service in rural North Dakota. We hope this bill addresses those concerns and provides better access to EMS systems throughout North Dakota.

I will run through the bill and explain the changes in each section.

Section 1

1. This gives the authority to the Health Department to issue emergency medical services operations licenses after June 30, 2001 and also allows the Department to restrict any new licenses to operations based on the needs of the service area.

Currently anyone that meets the minimum requirements regardless of the needs of the service area can start an ambulance service. This would prevent the duplication of services in areas and keep costs down.

This portion also allows services to operate in multiple locations within a service area to provide a systems type approach to EMS. One example of this will be the Beulah/Hazen area. Currently they do not have enough volunteers to provide 24/7 coverage in both communities. They hold separate licenses for Beulah and Hazen, but operate as one service. Currently they require a waiver from the Department because they are unable to staff both services. Under this proposal they would operate as a system and could turn in their Beulah license and staff and equip a first responder unit in Beulah when they feel it is necessary or an ambulance if needed.

2. This area changes ambulance service to Emergency Medical Service to correspond to the new systems approach.
3. and 4. contain wording changes to update the existing code.

Section 2

Section 2 changes the definitions from ambulance service to emergency medical services. When you approach this from a systems standpoint we need to

recognize that emergency medical services includes services provided by basic and advanced air/ground ambulance services along with quick-response units.

Section 3

Section 3 changes the word ambulance and inserts emergency medical.

Section 4

Section 4 authorizes the department to establish standards for operators of emergency medical services. This includes standards for quick response operations that are voluntary under existing code.

Section 5 & 6

Section 5 & 6 update the applicable sections of code with the new language.

Section 7 & 8

Section 7 & 8 addresses a language change. Currently Paramedics and EMT-Intermediates are considered certified through the National Registry of EMT's, but licensed through the Department. This change would allow the Department to set licensing standards for Paramedics and EMT-Intermediates.

Section 9

Section 9 pulls this entire EMS systems concept together. Currently there are over in140 operation. Our goal is not to mandate that ambulance services cease to exist, our goal is to get medical aid to the patient as fast as possible. This proposal would allow up to 20 ambulance services to turn in their license to transport patients and replace it with a quick response license. This will reduce the time and personal commitment on the volunteers and increase long-term survival and better outcome by getting qualified help on scene quicker and better equipped. The $5000.00 grant that the service would receive each year for the 2 year time frame could equip their personnel with auto defib units, Oxygen/airway kits and basic supplies that would be required to care for a patient for the first 10 to 15 minutes while waiting for the ambulance to arrive.

Patient's in North Dakota don't need $80,000.00 vehicles setting in garages that are used a couple of times a month, we need a rapid deployment of resources at the time of need that can provide the life-saving techniques needed to enhance survivability.

With that Madam Chair, I will be happy to answer any questions.

Testimony In Support of House Bill No. 1202
Human Service Committee
Monday, January 22, 2001
8:30 a.m.
Fort Union Room
By
Timothy Wiedrich

Chairman Price, members of the committee. My name is Tim Wiedrich. I am the Director of the Division of Emergency Health Services for the North Dakota Department of Health. I am here today to provide testimony on behalf of the Department in support of the non-fiscal portions of this bill. We are unable to support the fiscal portion of the bill since it was not included in our appropriation request.

The bill establishes the authority to limit licensure of new emergency medical service operations based on the needs of the service area, establishes licensure requirements for quick response units, creates greater flexibility in the issuance of licenses by allowing services to obtain a single license for areas beyond an individual city, establishes vehicle standards and creates a pilot project for the conversion of 20 ambulance services to quick response units.

The current licensure standards for ambulance services were largely created and implemented in the mid 1970s. As our population decreases in rural and frontier areas, it is important that flexibility exists within the licensure standards. This flexibility accommodates new emergency medical services system designs that can respond in this changing environment. If passed, the bill would allow greater flexibility in the positioning of emergency medical services resources. Currently ambulance services are required to be available 24 hours a day seven days a week in each community that they operate. Passage of this bill would still require 24 hour seven day a week coverage, but the ambulance operator would have the ability to respond from nearby communities. This flexibility will primarily assist struggling volunteer ambulance services and is necessary to create efficiencies and preserve the system.

The provision of quick response services is a recognized component of the emergency medical services system. Quick response units provide assessment, treatment and packaging while an ambulance is enroute to the scene. While we have required standards through licensure for ambulance services, no requirements exist for organizations that hold themselves out to provide quick response services. The Department has established a voluntary certification program for quick response units and currently certifies 32 services. We are unaware how many other quick response units exist. We require certification as a condition of eligibility for the emergency medical services (EMS) grants. In order to be safe and effective, quick response services must be rendered by appropriately trained and equipped personnel. Establishment of the quick response unit licensure provides public protection by establishing appropriate minimum standards for training, equipment and availability.

Thank you for your attention. I would be happy to attempt to answer your questions.

524 Weatherby Way • Bismarck, ND 58501 • 701-258-9147

HUMAN SERVICES COMMITTEE
Testimony in Support of HB 1202

Monday, January 22, 2001
Fort Union Room

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports House Bill 1202. The bill focuses around the Public Safety aspect of EMS, and actually does two things; first it supports those Quick Response Units (QRU's) who currently exist by assisting with training and equipment grants. By licensing QRU's we can look to a standardized EMS system which outlines minimum levels of training and equipment which ambulance services have been following since the 1970's.

Secondly, there is a financial incentive for struggling small rural ambulance services to consider moving from a licensed ambulance service to a licensed QRU. What are the benefits? Less staffing would be required on the QRU since no transportation would take place. Communities currently finding it difficult to recruit volunteers for their ambulance service may find it easier to recruit new members for a QRU since the unit would not leave the community and would not transport patients as they currently do. Transporting patients out of the local community means that volunteers must leave their job at times for up to six hours or more.

Because no transportation occurs with a QRU, First Responder training may require less training hours than ambulance attendants are required to pursue. The QRU would also still qualify for state training and grant dollars as they are available.

I ask for your consideration and urge you to support HB 1202.

Thank you.

NORTH DAKOTA
DEPARTMENT OF HEALTH
State Capitol - Judicial Wing - 2nd Floor
600 E. Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200
Fax: (701) 328-1890
Website: www.health.state.nd.us

HEALTH RESOURCES SECTION

02/01/01

Representative Dale Severson
North Dakota House of Representatives
600 East Boulevard
Bismarck, ND 58505

Recently you requested information about mill levies collected on behalf of North Dakota licensed ambulance services. We collect mill levy information as part of the ambulance licensure application. A schedule has been attached which lists the responses for the current licensure period. Of the 135 in state licensed ambulance services that are non-industrial (serving only a specific industrial area such as a power plant) 67 indicated they are receiving mill levies, 63 said they are not and five did not respond.

I hope this information is useful. Please do not hesitate to contact us if we can be of further assistance.

Tim Wiedrich, Director
Division of Emergency Health Services

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY HEALTH SERVICES

MILL LEVY FOR AMBULANCE SERVICES

INFORMATION GATHERED FROM

2000-2001 AMBULANCE SERVICE LICENSE APPLICATIONS

Name of Town	Does your service have a mill levy in place?	Number of Mills	Amount received
Almont	No		
Aneta	No		
Ashley	Yes	2.69	$1,547 to date (5/00)
Beach	Yes	5	$24,000 estimate
Belcourt	No		
Belfield	Yes	No answer	$500 from Stark Co, $1,000 from Billings Co
Berthold	No		
Beulah (Mercer Co)	Yes	4.733	$80,354.88 (Beulah and Hazen)
Beulah (Coteau Prop)	No		
Beulah (Dakota Gas)	No		
Binford	No answer		
Bismarck	No		
Bottineau	Yes	4	$22,000
Bowbells	No		
Bowdon	No		
Bowman	No		
Breckenridge MN	No		
Cando	No		
Carpio	No		
Carrington	No		
Carson	Yes	2 (For 3 services)	$3,982
Casselton	No		(Do receive $ from City and County)
Cavalier	Yes	4.5	$21,500
Center	Yes	5	$24,453.08
Cooperstown	Yes	8.45	$9,008.56
Crosby	Yes	5	$14,500
Devils Lake	No		
Dickinson	No		
Drayton	Yes	4	$21,000
Edgeley	Yes	1-1/2	$600 monthly
Edmore	No		
Elgin	Yes	2	$1,462 (New Leipzig/Elgin)
Ellendale	Yes	3.5	$23,830
Esmond	Yes	.0515	$1,340.71
Fargo	No		
Fessenden	No		
Finley	No		
Flasher	No		
Fordville	No		
Forman	Yes	2.55	$27,500
Fort Totten	No		
Fort Yates	No		
Gackle	No		

Garrison	Yes	3.52	$24,028.92 (Garrison/Max)
Glen Ullin	Yes	1	$1,360
Glenburn	No		
Goodrich	No		
Grafton	No		
Grand Forks	Yes	3	$232,000
Grenora	Yes	3.16	$14,306.09
Halliday	Yes	4.33	$13,000
Hankinson	Yes	4	$29,000
Harvey	No		
Hazen (Mercer Co)	Yes	4.733	$80,354.88 (Beulah and Hazen)
Hebron	No		
Hettinger	No		
Hillsboro	Yes	4	40% of $88,928.35 = $35,571.34
Hoople	No		
Hope	Yes	5	$18,350
Hunter	No		
Jamestown	No		
Kenmare	No		
Killdeer	No		
Kindred	No		
Kulm	Yes	1.62	$600
Lakota	No		
LaMoure	Yes	1.74	$600 per month
Langdon	No		
Lansford	Yes	2	$9,170.14
Larimore	Yes	1.68 City - 3. County	$1,940.52 - City -- A % of $62,995 - County
Leeds	Yes	5	$1,372 estimate
Lemmon SD	No		
Lidgerwood	Yes	11	$30,000
Linton	Yes	2	$25,000
Lisbon	No answer		
Maddock	No		
Makoti	No		
Mandan	No		
Marmarth	No		
Max	Yes	3.52	$224,028.92 (Garrison/Max)
Mayville	Yes	2 – 4 variable	No amount indicated
McClusky	Yes	5	$11,054
McHenry	Yes	No answer	$2,875 - Foster Co; $2,970.49 - Eddy Co
McIntosh SD	No		
McLaughlin SD	No		
McVille	No		
Medina	No		
Medora	No		
Michigan	Yes	5	$17,500
Milnor	Yes	5	$10,357
Minnewaukan	No		
Minot	No		
Mohall	No		
Mott	No		
Munich	Yes	3	$6,500
Napoleon	Yes	2.01	$1,246
New England	Yes	1	$600
New Leipzig	Yes	2	$1,462 (New Leipzig/Elgin)

New Rockford	Yes	5	$24,032
New Salem	Yes	?	$1,600
New Town	Yes	5	$8,500
Northwood	No		
Oakes	Yes	1.75	$22,500
Page	No		
Park River	No		
Parshall	Yes	5	$10,000
Pembina	Yes	4.5	$21,500
Plaza	No		
Portal	No answer		
Powers Lake	No		
Ray	Yes	Up to 5	$11,970
Regent	No		
Richardton	No answer		
Riverdale	Yes		$1,000
Rock Lake	Yes	5	$11,800
Rolette	Yes	4.31	$16,637.20
Rolla	Yes	No answer	No answer
Rugby	Yes	2	$21,811.88
Rugby (Golden Heart)	No		
Sherwood	Yes	No answer	No answer
Stanley	Yes	City 5	$5,000 approximately
Steele	Yes	5	$46,000
Tioga	No		
Towner	No		
Turtle Lake	No		
Underwood	No		
Underwood (CoalCreek)	No		
Underwood (Falkirk)	No		
Upham	Yes	7	No answer
Valley City	Yes	1.23	$31,680
Velva	No answer		
Walhalla	Yes	4	$21,000
Washburn	Yes	5	$18,000
Watford City	No		
West Fargo	No		
Westhope	Yes	No answer	$12,000-15,000 County
Williston	Yes	4.78	$62,328.79
Willow City	Yes	4	$12,000 Bottineau County
Wilton	Yes	5	$17,000
Wing	No		
Wishek	Yes	2.5 (Share w/Ashley)	$1,000
Wyndmere	Yes	1-1/2	$6,551.59

BACKGROUND

Each year, more than 250,000 Americans die of sudden out-of-hospital cardiac arrest.[1] The majority of these victims experienced ventricular fibrillation as their rhythm of collapse.[2] Survival from sudden cardiac arrest in adults depends directly on the speed of defibrillation; with every minute of delay in defibrillation reducing the chance of survival by 7 to 10%.[3]

Public Access to Defibrillation (PAD) is an important new public health initiative from the American Heart Association (AHA).[4,5] The ultimate goal of PAD is to increase survival from out-of-hospital sudden cardiac arrest in adults by shortening the delay to defibrillation. The PAD initiative attempts to accomplish this goal by encouraging the development of automated external defibrillation (AED) programs in communities. These programs should accomplish two objectives: (1) expand the placement of automated external defibrillators (AEDs) in the community, and (2) increase the number of rescuers authorized, trained and equipped to use an AED.[6-8]

Automated external defibrillators are highly accurate computerized defibrillators. When properly attached via dual-function (both monitor and shock) adhesive electrodes, AEDs analyze the victim's cardiac rhythm, charge to an appropriate energy level, and, when directed by the operator, deliver a defibrillation shock.[9] AEDs that are highly sophisticated, accurate, inexpensive and virtually maintenance-free provide the means for early defibrillation in the home, workplace, public buildings, and even on airplanes. AEDs, however, are restricted medical devices in 49 of the 50 states because the FDA labels AEDs as "Class II" medical devices. Class II medical devices can be used only when authorized by a physician.[10,11] Thus, although AEDs can now be widely *available*, the status of AEDs as restricted medical devices and the requirement for physician authorization may prevent them from being widely *used*.

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2-9-01

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Prepared by the North Dakota Legislative Council staff for the House Appropriations Committee - Human Resources Division
February 6, 2001

EMERGENCY MEDICAL SERVICES PERSONNEL - FEES

INTRODUCTION

This memorandum addresses the issue of whether the State Department of Health may charge emergency medical services personnel a licensure or certification fee under existing law and under Engrossed House Bill No. 1202.

DISCUSSION

Public officers may exercise only that power that is conferred upon them by law. 63C Am. Jur. 2d § 231. Under this general limitation of authority, the State Department of Health could impose fees for licensure or certification of emergency medical services personnel if so authorized by constitutional provision or statute.

The Constitution of North Dakota does not authorize the State Department of Health to charge a fee for licensure or certification of emergency medical services personnel. No statutory authority has been found which authorizes the State Department of Health to charge a fee for licensure or certification of emergency medical services personnel.

Engrossed House Bill No. 1202 does not expressly authorize the State Department of Health to charge emergency medical services personnel a licensure or certification fee. Although North Dakota Century Code (NDCC) Section 23-27-04.3 provides for emergency medical services personnel certification and Section 7 of House Bill No. 1202 provides for emergency medical services personnel licensure, neither provides for the department to set or charge fees.

Although the State Department of Health has rulemaking authority under the Administrative Agencies Practices Act (NDCC Chapter 28-32), rulemaking authority is limited to the authority granted by statute. This is evidenced by the fact the Legislative Assembly has expressly authorized an agency to charge fees established by rule, including NDCC Section 23-27-03 authorizing the State Health Council to set a fee for ambulance service **operators**, NDCC Section 23-01-05(18) authorizing the State Health Council to establish by rule a schedule of reasonable fees that may be charged for laboratory analysis, and a variety of sections under NDCC Title 43 authorizing a variety of occupational and professional boards to establish licensure and certification fees by rule.

CONCLUSION

The State Department of Health does not have constitutional or statutory authority to charge emergency medical services personnel licensure or certification fees. Whether this authority is given would depend on express legislative authorization to establish fees, not on whether a process is labeled to be a certification, a licensure, or a registration.

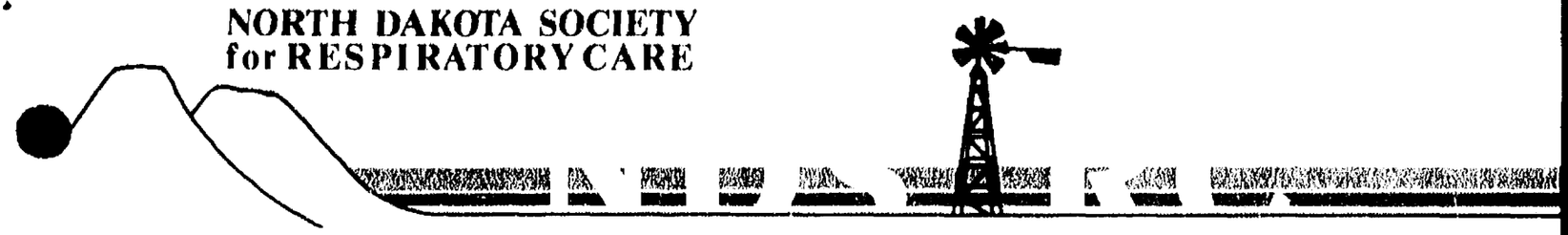
TESTIMONY ON HB 1202
Senate Human Services Committee
Wednesday, March 14, 2001

Madame Chairman and committee members, my name is Bill Wocken. I am City Administrator for the City of Bismarck and I am testifying in a neutral position this morning on HB 1202. I believe I understand the effect of most of the bill but I wish to establish the intention of the legislature regarding "needs" of the service area as stated on Page 1, Lines 13 and 14 of the engrossed bill. At present my city contracts with an ambulance provider for service in the region. We have a multi-year contract and are very pleased with the service provided.

When the present contract expires the city would like to be able to contract with a service (our present provider or another service) for its future needs. We would like the end of the present contract period to provide the "need" expressed on Page 1, Line 13. We would be unhappy if the ND State Health Department were to determine that there was no need for another service if a minimally qualified ambulance service was already licensed to provide service in our region. This would force the city to contract with one service despite the availability of another entity offering better service that is willing to become licensed if the contract is offered. It would also preclude the city from providing this service itself if it chose to do so in lieu of contracting. I feel my city would like the opportunity to fully explore its options prior to any new contract. We understand that any service selected would need to obtain a state license.

I would like to establish the manner in which this "need" will be construed by the Health Department as administrative rules are written. I would like the city to have maximum opportunity to determine its future relationship with an ambulance service provider. It is this legislative intention and input into the administrative rulemaking that I seek today.

NORTH DAKOTA SOCIETY for RESPIRATORY CARE



"A BREATH OF FRESH CARE"

March 14, 2001

Testimony of: Glenn Thom, BS, MMgt, RRT
President, North Dakota Society for Respiratory Care (NDSRC)

RE: HB 1202, Reengrossed

Respiratory therapists treat North Dakota patients who have lung diseases. Treatment and diagnostics are provided to patients in a variety of settings: hospitals, clinics, homes, emergency rooms, and intensive care units.

We appreciate the job that emergency medical technicians (EMTs) do in our state. They are indispensable especially in rural areas like North Dakota where medical facilities are far and few between and transport times can be long.

Because of the importance of EMTs, Reengrossed HB 1202 is important. Because of our support for EMT services, we offer the attached amendments as further clarification of licensing of EMTs in North Dakota.

The people of our state will benefit from defining who an EMT is and what the services are that they offer to the public. Please consider these amendments as an assurance to our citizens that only those individuals described in North Dakota Century Code will be providing emergency medical services to them.

Thank you for your consideration.

March 12, 2001
Submitted by ND Society for Respiratory Care

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL 1202

On page 1, line 1, delete "create and enact section 23-27-04.5 of the North Dakota Century Code, "

On page 1, line 2, delete "relating to the creation of a quick response unit service pilot program; to"

On page 1, line 3, after the number "23-27-04.2," insert "and" and after the number "23-27-04.3" delete ",and"

On page 1, line 4, delete "23-27-04.4"

On page 1, line 9, overstrike "**ambulance**" and insert "emergency medical"

On page 2, line 14, delete lines 14 through 21, and insert:

"**23-27-02. Definition of surface ambulance services.** For the purposes of this chapter, "surface ambulance services" means any use of a publicly or privately owned vehicle upon the streets or highways of this state for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless by any person who either holds himself out to the public for such service or who regularly provides such a service. **Definitions.** In this chapter, unless the context or subject matter otherwise requires:

1. "Department" means the North Dakota department of health.
2. "Emergency medical services" means the medical stabilization or transportation of persons who are sick, wounded, or otherwise incapacitated or helpless by any person who holds out to the public as being in that service or who regularly provides that service.
3. "Emergency medical services operation" means basic life support ambulance services, advanced life support ambulance services, and quick-response unit services.
4. "Emergency medical technician - basic" or "EMT-B" means an individual licensed by the department following completion of a basic emergency medical technician training program, who has met such other standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department
5. "Emergency medical technician - intermediate" or "EMT-I" means an individual licensed as an EMT-B, who has completed an intermediate training program, who has met such other

standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department.

6. "Emergency medical technician - paramedic" or "EMT-P" means an individual licensed as an EMT-B or EMT-I, who has completed a paramedic training program, who has met such other standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department.
7. "Quick response unit" means an organization that provides care to patients while an ambulance is en route to the scene of an emergency. These may be part of a law enforcement agency, fire department or a stand-alone agency whose only purpose is to provide quick response services and not transportation of patients.
8. "Volunteer" means an individual who receives no compensation or who is paid expenses, reasonable benefits, nominal fees, or a combination of expenses, reasonable benefits and nominal fees to perform the services for which the individual volunteered, provided that the fees do not exceed twenty-four hundred dollars in any calendar year.

Page 3, line 13, overstrike "run", and insert "transport"

Page 3, line 26, overstrike "For the"

Page 3, overstrike lines 27 through 29

Page 3, line 30, overstrike "provided that the fees do not exceed twenty-four hundred dollars in any calendar year."

Page 5, line 4, delete "**licensure,**" and overstrike "rules prescribing minimum"

Page 5, delete "licensure" and overstrike the line

Page 5, overstrike line 6

Page 5, line 7, delete "or" and overstrike the line

Page 5, line 8, delete "licensing", overstrike "persons who have met the required standards, and" and insert "the standards of the United States department of transportation medical technician curriculum for use in training EMT-B, EMT-I, and EMT-P personnel. Competency testing for EMT-B, EMT-I, and EMT-P personnel will be administered by the health council which shall adopt the national registry practical and written exams

for such testing. Licensing for EMT-B, EMT-I, and EMT-B personnel will be administered by the state health council and provided to individuals successfully completing prescribed training and competency testing. The state health council will"

Page 5, delete lines 12 through 17

Page 5, line 22, delete the two words "ambulance" and replace each with "emergency medical"

Renumber accordingly

36-4B-1. Definition of terms. Terms used in this chapter mean:

(1) "Advanced life support," a level of prehospital and interhospital emergency care consisting of basic life support procedures and definitive therapy including the use of invasive procedures and may include the use of drugs and manual defibrillation;

(2) "Advanced life support personnel," any person other than a physician who has completed a department and board approved program and is licensed as an emergency medical technician-intermediate; emergency medical technician-special skills; or emergency medical technician-paramedic as set forth in this chapter, or its equivalent;

(3) "Board," the South Dakota Board of Medical and Osteopathic Examiners;

(4) "Department," the South Dakota State Department of Health;

(5) "Direct medical control," communications between field personnel and a physician during an emergency run;

(6) "Emergency medical services," health care provided to the patient at the scene, during transportation to a medical facility, between medical facilities and upon entry at the medical facility;

(7) "Emergency medical technician-basic," any person trained in emergency medical care in accordance with standards prescribed by rules and regulations promulgated pursuant to § 34-11-6, who provides emergency medical services, including automated external defibrillation under indirect medical control, in accordance with his level of training;

(8) "Emergency medical technician-intermediate," any person who has successfully completed a department and board approved program of instruction in basic life support and advanced life support skills in shock and fluid therapy, placement of esophageal airways, and other advanced life support skills approved by board action, and who is licensed by the board to perform such skills, including automated external defibrillation;

(9) "Emergency medical technician-paramedic," any person who has successfully completed a program of study approved by the department and the board and is licensed as an emergency medical technician-paramedic, which includes all training and skills set forth herein for emergency medical technician-intermediate and emergency medical technician-special skills, and other advanced skills programs approved by board action, and who is licensed by the board to perform such intermediate, special, and advanced skills;

(10) "Emergency medical technician-special skills," any person who has successfully completed a department and board approved program of instruction in all areas of emergency medical technician-intermediate curriculum plus other specific areas of emergency medical care in the following areas: manual and automated external defibrillation, telemetered electrocardiography, administration of cardiac drugs, administration of specific medications and solutions, use of adjunctive breathing devices, advanced trauma care, tracheotomy suction, esophageal airways and endotracheal intubation, or other special skills programs approved by board action, and who is licensed by the board to perform intermediate skills plus such special skills;

(11) "Emergency medical technician-student status," any person who has received authorization for student status by the board and who has been accepted into an advanced life support training program to perform, under direct supervision, those activities and services currently being studied;

(12) "Good faith," honesty, in fact, in the conduct, or transaction concerned;

(13) "Gross negligence," the intentional failure to perform a manifest duty in reckless disregard of the consequences as affecting the life or health of another;

(14) "Hour of advanced life support studies," fifty minutes of training;

(15) "Indirect medical control," the establishment and implementation of system policies and procedures, such as medical treatment protocols, quality assurance programs and case reviews by

NEBRASKA

71-5174
Legislative findings.

The Legislature finds:

(1) That out-of-hospital emergency medical care is a primary and essential health care service and that the presence of an adequately equipped ambulance and trained out-of-hospital emergency care providers may be the difference between life and death or permanent disability to those persons in Nebraska making use of such services in an emergency;

(2) That effective delivery of out-of-hospital emergency medical care may be assisted by a program of training and certification of out-of-hospital emergency care providers and licensure of emergency medical services in accordance with rules and regulations approved by the Board of Emergency Medical Services;

(3) That the Emergency Medical Services Act is essential to aid in advancing the quality of care being provided by out-of-hospital emergency care providers and by emergency medical services and the provision of effective, practical, and economical delivery of out-of-hospital emergency medical care in the State of Nebraska;

(4) That the services to be delivered by out-of-hospital emergency care providers are complex and demanding and that training and other requirements appropriate for delivery of the services must be constantly reviewed and updated; and

(5) That the enactment of a regulatory system that can respond to changing needs of patients and out-of-hospital emergency care providers and emergency medical services is in the best interests of the citizens of Nebraska.

Source:
Laws 1997, LB 138, § 3.

71-5175
Terms, defined.

For purposes of the Emergency Medical Services Act:

(1) Ambulance means any privately or publicly owned motor vehicle or aircraft that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland or air transportation of patients upon the streets, roads, highways, airspace, or public ways in this state, including funeral coaches or hearses, or any other motor vehicles or aircraft used for such purposes;

(2) Board means the Board of Emergency Medical Services;

(3) Department means the Department of Health and Human Services Regulation and Licensure;

(4) Emergency medical service means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury;

(5) Out-of-hospital emergency care provider includes all certification classifications of emergency care providers established pursuant to the act;

(6) Patient means an individual who either identifies himself or herself as being in need of medical attention or upon assessment by an out-of-hospital emergency care provider has an injury or illness requiring treatment;

(7) Person means an individual, firm, partnership, limited liability company, corporation, company, association, or joint-stock company or association or group of individuals acting together for a common purpose and includes the State of Nebraska and any agency or political subdivision of the state;

(8) Physician medical director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to section 71-5178;

(9) Protocol means a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations;

(10) Qualified physician means an individual who is licensed to practice medicine and surgery pursuant to sections 71-1,102 to 71-1,107.14 or osteopathic medicine and surgery pursuant to sections 71-1,137 to 71-1,141 and meets any other

65-6112

Chapter 65.--PUBLIC HEALTH
Article 61.--EMERGENCYMEDICAL SERVICES

65-6112. Definitions. As used in this act:

(a) "Administrator" means the administrator of the emergency medical services board.

(b) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared and equipped for use in transporting and providing emergency care for individuals who are ill or injured.

(c) "Ambulance service" means any organization operated for the purpose of transporting sick or injured persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency or medical care in transit.

(d) "Attendant" means a first responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator or a mobile intensive care technician certified pursuant to this act.

(e) "Board" means the emergency medical services board established pursuant to K.S.A. 65-6102, and amendments thereto.

(f) "Emergency medical service" means the effective and coordinated delivery of such care as may be required by an emergency which includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by a physician, professional nurse, a licensed physician assistant or attendant.

(g) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.

(h) "Emergency medical technician-defibrillator" means a person who holds an emergency medical technician defibrillator certificate issued pursuant to this act.

(i) "Emergency medical technician-intermediate" means a person who holds an emergency medical technician intermediate certificate issued pursuant to this act.

(j) "First responder" means a person who holds a first responder certificate issued pursuant to this act.

(k) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.

(l) "Instructor-coordinator" means a person who is certified under this act to teach initial courses of certification of instruction and continuing education classes.

(m) "Medical adviser" means a physician.

(n) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, or professional nurse authorized by a physician. These protocols shall be developed and approved by a county medical society or, if there is no county medical society, the medical staff of a hospital to which the ambulance service primarily transports patients.

(o) "Mobile intensive care technician" means a person who holds a mobile intensive care technician certificate issued pursuant to this act.

(p) "Municipality" means any city, county, township, fire district or ambulance service district.

(q) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the attendant whether within or outside the vehicle as part of such transportation services.

(r) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.

(s) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.

(t) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.

(u) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of a responsible physician.

(v) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.

(w) "Provider of training" means a corporation, partnership, accredited postsecondary education institution, ambulance service, fire department, hospital or municipality that conducts training programs that include, but are not limited to, initial courses of instruction and continuing education for attendants, instructor-coordinators or training officers.

(x) "Responsible physician" means responsible physician as such term is defined under K.S.A. 65-2897a and amendments thereto.

(y) "Training officer" means a person who is certified pursuant to this act to teach initial courses of instruction for first responders and continuing education as prescribed by the board.

History: L. 1988, ch. 261, § 12; L. 1990, ch. 235, § 2; L. 1991, ch. 203, § 1; L. 1993, ch. 71, § 3; L. 1994, ch. 154, § 1; L. 1998, ch. 133, § 4; L. 2000, ch. 162, § 23; Feb. 1, 2001.

<#FIELD NAME = TEXT>NO PHYSICAL FILE</#FIELD>
<#FIELD NAME = TEXT> 144E.001 Definitions.

Subdivision 1. Scope. For the purposes of sections 144E.001 to 144E.52, the terms defined in this section have the meanings given them.

Subd. 1a. Advanced airway management. "Advanced airway management" means insertion of an endotracheal tube or creation of a surgical airway.

Subd. 1b. Advanced life support. "Advanced life support" means rendering basic life support and rendering intravenous therapy, drug therapy, intubation, and defibrillation as outlined in the United States Department of Transportation emergency medical technician-paramedic curriculum or its equivalent, as approved by the board.

Subd. 2. Ambulance. "Ambulance" means any vehicle designed or intended for and actually used in providing ambulance service to ill or injured persons or expectant mothers.

Subd. 3. Ambulance service. "Ambulance service" means transportation and treatment which is rendered or offered to be rendered preliminary to or during transportation to, from, or between health care facilities for ill or injured persons or expectant mothers. The term includes all transportation involving the use of a stretcher, unless the person to be transported is not likely to require medical treatment during the course of transport.

Subd. 3a. Ambulance service personnel. "Ambulance service personnel" means individuals who are authorized by a licensed ambulance service to provide emergency care for the ambulance service and are:

(1) EMTs, EMT-Is, or EMT-Ps;

(2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and have passed a paramedic practical skills test, as approved by the board and administered by a training program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis; or

(3) Minnesota registered physician assistants who are: (i) EMTs, are currently practicing as physician assistants, and have passed a paramedic practical skills test, as approved by the board and administered by a training program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis.

Subd. 4. Base of operations. "Base of operations" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

Subd. 4a. Basic airway management. "Basic airway management" means:

(1) resuscitation by mouth-to-mouth, mouth-to-mask, bag valve mask, or oxygen powered ventilators; or

(2) insertion of an oropharyngeal, nasal pharyngeal, esophageal obturator airway, esophageal tracheal airway, or esophageal gastric tube airway.

Subd. 4b. Basic life support. "Basic life support" means rendering basic-level emergency care, including, but not limited to, basic airway management, cardiopulmonary resuscitation, controlling shock and bleeding, and splinting fractures, as outlined in the United States Department of Transportation emergency medical technician-basic curriculum or its equivalent, as approved by the board.

Subd. 5. Board. "Board" means the emergency medical services regulatory board.

Subd. 5a. Clinical training site. "Clinical training site" means a licensed health care facility.

Subd. 5b. Defibrillator. "Defibrillator" means an automatic, semiautomatic, or manual device that delivers an electric shock at a preset voltage to the myocardium through the chest wall and that is used to restore the normal cardiac rhythm and rate when the heart has stopped beating or is fibrillating.

Subd. 5c. Emergency medical technician or EMT. "Emergency medical technician" or "EMT" means a person who has successfully completed the United States Department of Transportation emergency medical technician-basic course or its equivalent, as approved by the board, and has been issued valid certification by the board.

Subd. 5d. Emergency medical technician-intermediate or EMT-I. "Emergency medical technician-intermediate" or "EMT-I" means a person who has successfully completed the United States Department of Transportation emergency medical technician-intermediate course or its equivalent, as approved by the board, and has been issued valid certification by the board.

Subd. 5e. Emergency medical technician-paramedic or EMT-P. "Emergency medical technician-paramedic" or "EMT-P" means a person who has successfully completed the United States Department of Transportation emergency medical technician course-paramedic or its equivalent, as approved by the board, and has been issued valid certification by the board.

Subd. 6. First responder. "First responder" means an individual who is registered by the board to perform, at a minimum, basic emergency skills before the arrival of a licensed ambulance service, and is a member of an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service.

MCA -- Sept. 2000

50-6-202. Definitions. As used in this part, the following definitions apply:

(1) "Board" means the board of ⏩medical⏪ examiners, department of commerce.

(2) "⏩Emergency⏪ ⏩medical⏪ ⏩technician⏪" means a person who has been specially trained in ⏩emergency⏪ care in a training program approved by the state board of ⏩medical⏪ examiners and certified by the board as having demonstrated a level of competence suitable to treat victims of injury or other emergent condition.

History: En. 69-7004 by Sec. 2, Ch. 84, L. 1975; R.C.M. 1947, 69-7004; amd. Sec. 3, Ch. 274, L. 1981; amd. Sec. 1, Ch. 377, L. 1991.

50-6-203. Rules. (1) The board, after consultation with the department of public health and human services, the department of justice, and other appropriate departments, associations, and organizations, shall adopt rules of the board implementing this part, including but not limited to training and certification of ⏩emergency⏪ ⏩medical⏪ technicians and administration of drugs.

(2) The board may, by rule, establish various levels of ⏩emergency⏪ ⏩medical⏪ ⏩technician⏪ certification and shall specify for each level the training requirements, acts allowed, recertification requirements, and any other requirements regarding the training, performance, or certification of that level of ⏩emergency⏪ ⏩medical⏪ ⏩technician⏪ that it considers necessary.

History: En. 69-7008 by Sec. 6, Ch. 84, L. 1975; R.C.M. 1947, 69-7008; amd. Sec. 8, Ch. 274, L. 1981; amd. Sec. 2, Ch. 377, L. 1991; amd. Sec. 98, Ch. 418, L. 1995; amd. Sec. 263, Ch. 546, L. 1995.

50-6-204. Repealed. Sec. 4, Ch. 377, L. 1991.

History: En. 69-7005 by Sec. 3, Ch. 84, L. 1975; R.C.M. 1947, 69-7005.

50-6-205. Repealed. Sec. 4, Ch. 377, L. 1991.

History: En. 69-7006, 69-7007 by Secs. 4, 5, Ch. 84, L. 1975; R.C.M. 1947, 69-7006, 69-7007.

50-6-206. Consent. No ⏩emergency⏪ ⏩medical⏪ ⏩technician⏪ may be subject to civil liability for failure to obtain consent in performing acts as authorized herein to any individual regardless of age where the patient is unable to give consent and there is no other person present legally authorized to consent, provided that such acts are in good faith and without knowledge of facts negating consent.

History: En 69-7009 by Sec. 7, Ch. 84, L. 1975, R.C.M. 1947, 69-7009.

50-6-207. Construction. This part may not be construed to detract from the powers granted to the department of public health and human services to regulate emergency medical services provided for in part 3 of this chapter.

receipt of notice of the contested action, a written request for hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent. This subsection does not apply to a revocation of certification under sub. (4d) (d).

(4r) (a) Any individual may report to the department that he or she believes that any person employed by or under contract with an entity has neglected or abused a client or misappropriated the client's property.

(am) 1. Except as provided in subd. 2., an entity shall report to the department any allegation of misappropriation of the property of a client or of neglect or abuse of a client by any person employed by or under contract with the entity if the person is under the control of the entity.

2. An entity shall report to the department of regulation and licensing any allegation of misappropriation of the property of a client or of neglect or abuse of a client by any person employed by or under contract with the entity if that person holds a credential that is related to the person's employment at, or contract with, the entity if the person is under the control of the entity.

3. An entity that intentionally fails to report an allegation of misappropriation of the property of a client or of neglect or abuse of a client may be required to forfeit not more than $1,000 and may be subject to other sanctions specified by the department by rule.

(b) Except as provided in pars. (em) and (er), the department shall review and investigate any report received under par. (a) or (am) and, if the allegation is substantiated, make specific, documented findings concerning the misappropriation of property or the neglect or abuse. The department shall in writing by certified mail notify the person specified in the report that the person's name and the department's findings about the person shall be listed in the registry under sub. (4g) (a) 2. and 3. unless the person contests the listings in a hearing before the division of hearings and appeals created under s. 15.103 (1). The written notification shall describe the investigation conducted by the department, enumerate the findings alleging misappropriation of property or neglect or abuse of a client and explain the consequence to the person specified in the repon of waiving a hearing to contest the findings. The person specified in the report shall have 30 days after receipt of the notification to indicate to the department in writing whether he or she intends to contest the listing or to waive the hearing.

(c) If the nurse's assistant or home health aide under par. (b) notifies the department that he or she waives a hearing to contest the listings in the registry under par. (b), or fails to notify the department within 30 days after receipt of a notice under par. (b), the department shall enter the name of the individual under sub. (4g) (a) 2. and the department's findings about the individual under sub. (4g) (a) 3. .

(d) If the person specified in the report received under par. (a) or (am) timely notifies the division of hearings and appeals created under s. 15.103 (1) that he or she contests the listings in the registry under par. (b), the division of hearings and appeals shall hold a hearing under the requirements of ch. 227. If after presentation of evidence a hearing officer finds that there is no reasonable cause to believe that the person specified in the report received under par. (a) or (am) performed an action alleged under par. (a) or (am), the hearing officer shall dismiss the proceeding. If after presentation of evidence a hearing officer finds that there is reasonable cause to believe that the person specified in the report received under par. (a) or (am) performed an action alleged under par. (a) or (am), the hearing officer shall so find and shall cause the name of the person specified in the report received under par. (a) or (am) to be entered under sub. (4g) (a) 2. and the hearing officer's findings about the person specified in the report received under par. (a) or (am) to be entered under sub. (4g) (a) 3.

(e) The nurse's assistant or home health aide may provide the department with a brief statement disputing the department's findings under par. (b) or the hearing officer's findings under par. (d) and, if so provided, the department shall enter the statement under sub. (4g) (a) 4.

(em) If the department of health and family services receives a report under par. (a) or (am) and determines that a person who is the subject of the report holds a credential that is related to the person's employment at, or contract with, the entity, the department of health and family services shall refer the report to the department of regulation and licensing.

(er) The department may contract with private field investigators to conduct investigations of reports received by the department under par. (a) or (am).

(f) Section 46.90 does not apply to this subsection.

(5) (a) The department, in consultation with the technical college system board, shall promulgate rules specifying standards for certification in this state of instructional and competency evaluation programs for nurse's assistants, home health aides and hospice aides. The standards shall include specialized training in providing care to individuals with special needs.

(b) The department shall promulgate rules specifying criteria for acceptance by this state of an instructional and competency evaluation program or a competency evaluation program that is certified in another state, including whether the other state grants nurse's assistant privileges, home health aide privileges or hospice aide privileges to persons who have completed instruction in an instructional and competency evaluation program that is certified under sub. (3) and whether one of the following is true:

1. If the other state certifies instructional and competency evaluation programs for nurse's assistants, home health aides or hospice aides, the state's requirements are substantially similar, as determined by the department, to certification requirements in this state.

2. If the other state certifies nurse's assistants, home health aides or hospice aides, that state's requirements are such that one of the following applies:

a. The instructional and competency evaluation programs required for attendance by persons receiving certificates are substantially similar, as determined by the department, to instructional and competency evaluation programs certified under sub. (3).

b. The competency evaluation programs required for successful completion by persons receiving certificates are substantially similar, as determined by the department, to competency evaluation programs approved under sub. (3m).

(6) Any person who violates sub. (2) shall forfeit not more than $1,000.

(7) This section does not apply to a hospice that receives no federal or state moneys for any purpose.

History: 1987 a. 128; 1989 a. 31, 84, 336; 1991 a. 39; 1993 a. 27, 399; 1995 a. 27; 1997 a. 27, 35, 156, 237, 252; 1999 a. 9, 22, 32.

Sub. (4r) provides for a hearing examiner to make a determination of abuse. That determination is the final agency determination. Kennedy v. DHSS, 199 Wis. 2d 442, 544 N.W.2d 917 (Ct. App. 1996).

146.50 Emergency medical services personnel; licensure; certification; training. (1) DEFINITIONS. In this section:

(a) "Ambulance" means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

(c) "Ambulance service provider" means a person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(cm) "Automatic defibrillator" means a heart monitor and defibrillator that:

1. Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and determining, without intervention by an operator, whether defibrillation should be performed;

2. Upon determining that defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual's heart or charges and delivers the electrical impulse at the command of the operator; and

3. In the case of a defibrillator that may be operated in either an automatic or a manual mode, is set to operate in the automatic mode.

(d) "Basic life support" means emergency medical care that is rendered to a sick, disabled or injured individual, based on signs, symptoms or complaints, prior to the individual's hospitalization or while transporting the individual between health care facilities and that is limited to use of the knowledge, skills and techniques received from training required for licensure as an emergency medical technician – basic, or for certification as a first responder.

(dm) "Defibrillation" means administering an electrical impulse to an individual's heart in order to stop ventricular fibrillation or rapid ventricular tachycardia.

(e) "Emergency medical technician" means an emergency medical technician – basic, an emergency medical technician – intermediate or an emergency medical technician – paramedic.

(f) "Emergency medical technician – basic" means an individual who is licensed by the department to administer basic life support and to properly handle and transport sick, disabled or injured individuals.

(g) "Emergency medical technician – intermediate" means an individual who is licensed by the department as an emergency medical technician – intermediate under sub. (5).

(h) "Emergency medical technician – paramedic" means an individual who is specially trained in emergency cardiac, trauma and other lifesaving or emergency procedures in a training program or course of instruction prescribed by the department and who is examined and licensed as an emergency medical technician – paramedic under sub. (5).

(hm) "First responder" means an individual who is certified by the department as a first responder under sub. (8).

(i) "Indian tribe" means a federally recognized American Indian tribe or band in this state.

(im) "Manual defibrillator" means a heart monitor and defibrillator that:

1. Is operated only after an operator has first analyzed and recognized an individual's cardiac rhythm;

2. Charges and delivers, only at the command of the operator, an electrical impulse to an individual's heart; and

3. In the case of a defibrillator that may be operated in either an automatic or a manual mode, is set to operate in the manual mode.

(j) "Medical director" means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, and designates physicians for direction and supervision of, emergency medical technicians and who reviews the performance of emergency medical technicians and ambulance service providers.

(k) "Nonprofit corporation" means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).

(L) "Person" includes an individual, firm, partnership, association, corporation, trust, foundation, company, public agency or a group of individuals, however named, concerned with the operation of an ambulance.

(m) "Physician" has the meaning specified in s. 448.01 (5).

(n) "Public agency" means this state, a county, city, village or town, an agency of this state or of a county, city, village or town or an Indian tribe.

(o) "Semiautomatic defibrillator" means a heart monitor and defibrillator that:

1. Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and determining, without intervention by an operator, whether defibrillation should be performed, and

2. Charges and, at the command of the operator, delivers an electrical impulse to an individual's heart.

(p) "Ventricular fibrillation" means a disturbance in the normal rhythm of the heart that is characterized by rapid, irregular and ineffective twitching of the ventricles of the heart.

(2) LICENSE OR CERTIFICATE REQUIRED. No person may act as or advertise for the provision of services as an ambulance service provider unless the person holds an ambulance service provider license issued under this section. No individual may act as or advertise for the provision of services as an emergency medical technician unless he or she holds an emergency medical technician license or training permit issued under sub. (5). No individual may act as or advertise for the provision of services as a first responder unless he or she holds a first responder certificate issued under sub. (8).

(3) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual's choice within the jurisdiction of the emergency medical service.

(4) AMBULANCE STAFFING, LIMITATIONS; RULES. (a) If a sick, disabled or injured individual is transported by ambulance, the following other individuals shall be present in the ambulance:

1. Any 2 emergency medical technicians, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof; or

2. One emergency medical technician plus one individual with a training permit issued under sub. (5) (b).

(b) An ambulance driver who is not an emergency medical technician may assist with the handling and movement of a sick, injured or disabled individual if an emergency medical technician, registered nurse, physician assistant or physician directly supervises the driver. No ambulance driver may administer care procedures that an emergency medical technician is authorized to administer unless he or she is an emergency medical technician.

(c) Notwithstanding par. (a), the department may promulgate rules that establish standards for staffing of ambulances in which the primary services provided are those which an emergency medical technician – intermediate is authorized to provide or those which an emergency medical technician – paramedic is authorized to provide.

(5) LICENSING OF AMBULANCE SERVICE PROVIDERS AND EMERGENCY MEDICAL TECHNICIANS; TRAINING PERMITS. (a) Except as provided in ss. 146.51 and 146.52, the department shall license qualified applicants as ambulance service providers or emergency medical technicians. The department shall, from the information on the certification form specified under sub. (6) (c) 2., establish in each ambulance service provider's biennial license the primary service or contract area of the ambulance service provider.

(b) The department shall promulgate rules establishing a system and qualifications for issuance of training permits, except as provided in ss. 146.51 and 146.52, and specifying the period for which an individual may hold a training permit.

OKLAHOMA

§63-1-2505. Licensed personnel - Levels of care.

Personnel licensed in the following levels of care may perform as designated under their classification:

1. "Emergency Medical Technician/Basic" or "EMT/Basic" means an individual licensed by the Department of Health following completion of a standard Basic Emergency Medical Technician training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill, administered by the Department. The licensed Emergency Medical Technician/Basic is allowed to perform such skills as may be designated by the Department;

2. "Emergency Medical Technician/Intermediate" or "EMT/Intermediate" means an individual licensed as an EMT/Basic, has completed an intermediate training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department. The Emergency Medical Technician/Intermediate is allowed to perform such skills as may be designated by the Department;

3. "Emergency Medical Technician/Paramedic" or "EMT/Paramedic" means an individual licensed as an EMT/Basic or EMT/Intermediate, who has completed a standard Paramedic training program, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department. The Emergency Medical Technician/Paramedic is allowed to perform such skills as may be designated by the Department.

Added by Laws 1990, c. 320, § 9, emerg. eff. May 30, 1990.

CALIFORNIA

§ 9702. Definitions.

As used in this subchapter:

(1) "Advanced life support" (ALS) shall mean the advanced level of prehospital and interhospital emergency care that includes basic life support functions including cardiopulmonary resuscitation, plus cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures.

(2) "Ambulance" shall mean any publicly or privately owned vehicle, as certified by the State Fire Prevention Commission, that is specifically designed, constructed or modified and equipped, and is intended to be used for and is maintained or operated for the transportation upon the streets and highways of this State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

(3) "Ambulance attendant" shall mean a person trained in emergency medical care procedures and currently certified by the Delaware State Fire Prevention Commission or its duly authorized agent in accordance with standards prescribed by the Commission. Such course shall be classified as basic life support and shall be the minimum acceptable level of training for certified emergency medical personnel.

(4) "Basic life support" (BLS) shall mean the level of capability which provides prehospital, noninvasive emergency patient care designed to optimize the patient's chances of surviving an emergency situation.

(5) "Consumer" shall mean a recipient or potential recipient of the services provided by an emergency medical services system, who receives no direct or indirect personal, financial or professional benefit as a result of association with health care or emergency services other than that generally shared by the public at large, and who is not otherwise considered a "provider" within the intent of this subchapter.

(6) "Director" shall mean the program chief of the Office of Emergency Medical Services responsible for the duties of the Office as set forth in Chapter 97 of this title.

(7) "Disaster" shall mean a sudden unexpected event which disrupts normal community functions and/or quickly exhausts local facilities so as to require outside help.

(8) "Early defibrillation provider" shall mean a member or employee of an early defibrillation service certified to operate Semi-Automatic External Defibrillator (SAED) equipment under the requirements set forth in regulations promulgated by the Department of Health and Social Services.

(9) "Early defibrillation service" shall mean any agency, organization or company, certified as such by the State Office of Emergency Medical Services, that employs or retains providers certified in the use of semi-automatic defibrillation equipment.

(10) "Emergency medical services systems" (EMSS) shall mean a statewide system which provides for the utilization of available personnel, equipment, transportation and communication to ensure effective and coordinated delivery of medical care in emergency situations resulting from accidents, illness or natural disasters.

(11) "Emergency medical technician" (EMT) shall mean a person trained, and currently certified by the State Fire Prevention Commission, in emergency medical care procedures through a course which meets the objectives of the national standard curriculum.

(12) "**Emergency medical technician - cardiac**" (EMT-C), also known as cardiac rescue technician (CRT), shall mean a person who has successfully completed a course approved by the Board of Medical Practice or its duly authorized representative, which meets the objectives of the national standard curriculum.

(13) "**Emergency medical technician - paramedic**" (EMT-P) shall mean a person who has successfully completed a course approved by the Board of Medical Practice or its duly authorized representative, and who acts under the direct or radio control of a physician or physician surrogate.

(14) "Health planning agencies" shall mean the federally designated health system agency and/or statewide health planning and development agency for Delaware.

(15) "Inclusive Statewide Trauma Care System" means a Trauma System in which all current and future providers of hospital and/or prehospital health care services may participate, at a level commensurate with the scope of their resources, as outlined in subsection (21) of this section.

(16) "**Medical control**" shall mean directions and advice normally provided from a centrally designated **medical** facility operating under **medical** supervision, supplying professional support through radio or telephonic communication for on-site and in-transit basic and advanced life support services given by field and satellite facility personnel.

(17) "Mutual aid agreements" shall mean the establishment of appropriate arrangements with EMS systems of other states for the provision of **emergency medical** services on a reciprocal basis.

(18) "Provider" shall mean a person who, as an individual or member of a corporation or organization, whether profit-making or nonprofit, on a regular basis gives or offers for sale any supplies, equipment, professional or nonprofessional services, or is capable of giving or offering for sale supplies, equipment or services vital or incidental to the functions of an **emergency medical** services system.

(19) "Semi-automatic external defibrillator" shall mean a device capable of analyzing a cardiac rhythm, determining the need for defibrillation, automatically charging and advising a provider to deliver a defibrillation electrical impulse.

(20) "Public safety personnel" shall mean law-enforcement officers, lifeguards, park rangers, firefighters, ambulance and rescue personnel, communications and dispatch specialists and other public employees and **emergency** service providers charged with maintaining the public safety.

(21) "Trauma Facility" means an acute care hospital which has received and maintains current State designation as a Trauma Center. Categories of trauma facilities in Delaware are as follows:

a. Regional Level 1 Trauma Center: A regional resource Trauma Center that has the capability of providing leadership and comprehensive, definitive care for every aspect of injury from prevention through rehabilitation.

b. Regional Level 2 Trauma Center: A regional Trauma Center with the capability to provide initial care for all trauma patients. Most patients would continue to be cared for in this Center; there may be some complex cases which would require transfer for the depth of services of a Regional Level 1 or Specialty Center.

c. Community Trauma Center: An acute care hospital that provides assessment, resuscitation, stabilization and triage of all trauma patients, arranging for timely transfer of those patients requiring the additional resources of a Regional Trauma or Specialty Center and delivering definitive care to those whose needs match the resources of the Community Trauma Center.

d. Participating Hospital: An acute care facility which transfers trauma patients with moderate or severe injuries to Trauma Centers after initial resuscitation. When necessary, this facility may provide care to trauma patients with minor injuries. Participating hospitals contribute data to the Delaware Trauma System Registry and Quality Improvement Program.

(22) "Trauma Patient" means any person with actual or potential bodily damage subsequent to an event which exposed the body to an external force or energy.

NEW MEXICO

24-10B-3. Definitions.

As used in the Emergency Medical Services Act [24-10B-1 to 24-10B-12 NMSA 1978]:

A. "academy" means a separately funded emergency medical services training program administered through the department of emergency medicine of the university of New Mexico school of medicine;

B. "advance directive" means a written instruction, such as a living will or durable power of attorney for health care, recognizable under state law and relating to the provision of health care when an individual is incapacitated;

C. "advanced life support" means advanced pre-hospital and interfacility care and treatment, including basic and intermediate life support, as prescribed by regulation, which may be performed only by an individual licensed as a paramedic by the bureau and operating under medical direction;

D. "air ambulance service" means any governmental or private service that provides air transportation specifically designed to accommodate the medical needs of a person who is ill, injured or otherwise mentally or physically incapacitated and who requires in-flight medical supervision;

E. "approved emergency medical services training program" means an emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the joint review committee on educational programs or active in the accreditation process, as verified by the chair of the joint review committee on educational programs, or is approved by the joint organization on education and participates in the joint organization on education;

F. "basic life support" means pre-hospital and interfacility care and treatment, as prescribed by regulation, which can be performed by all licensed emergency medical technicians;

G. "bureau" means the primary care and emergency medical services bureau of the public health division of the department of health;

H. "certified emergency medical services first responder" means a person who is certified by the bureau and who functions within the emergency medical services system to provide initial emergency aid, but not basic, intermediate or advanced life support to a person in need of medical assistance;

I. "critical incident stress debriefing program" means a program of preventive education and crisis intervention intended to reduce the negative effects of critical stress on emergency responders;

J. "curricula" means programs of study, the minimum content of which has been developed by the joint organization on education, for the initial and mandatory refresher training of emergency medical technicians and certified emergency medical services first responders;

K. "department" means the department of health;

L. "emergency medical dispatcher" means a person who is trained and certified pursuant to Subsection F [Subsection G] of Section 24-10B-4 NMSA 1978 to receive calls for emergency medical assistance, provide pre-arrival medical instructions, dispatch emergency medical assistance and coordinate its response;

M. "emergency medical services" means the services rendered by emergency medical technicians, certified emergency medical services first responders or emergency medical dispatchers in response to an individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury;

N. "emergency medical services system" means a coordinated system of health care delivery that includes community education and prevention programs, centralized access and emergency medical dispatch, trained first responders, medical-rescue services, ambulance services, hospital emergency departments and specialty care hospitals that respond to the needs of the acutely sick and injured;

O. "emergency medical technician" means a health care provider who has been licensed to practice by the bureau;

P. "intermediate life support" means certain advanced pre-hospital and interfacility care and treatment, including basic life support, as prescribed by regulation, which may be performed only by an individual licensed by the bureau and operating under medical direction;

Q. "joint review committee" means the joint review committee on educational programs for the emergency medical technician-paramedic, a nonprofit organization incorporated in the state of Massachusetts;

R. "medical control" means supervision provided by or under the direction of physicians to providers by written protocol or direct communications;

S. "medical direction" means guidance or supervision provided by a physician to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider;

T. "medical-rescue service" means a provider that is part of the emergency medical services system but not subject to the authority of the state corporation commission [public regulation commission] under the Ambulance Standards Act [65-6-1 to 65-6-6 NMSA 1978] and which may be dispatched to the scene of an emergency to provide rescue or medical care;

U. "physician" means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico;

V. "protocol" means a predetermined, written medical care plan and includes standing orders;

W. "provider" means a person or entity delivering emergency medical services;

X. "regional office" means a regional emergency medical services planning and development agency formally recognized and supported by the bureau;

Y. "secretary" means the secretary of health;

Z. "special skills" means a set of procedures or therapies that are beyond the usual scope of practice of a given level of life support and that have been approved by the medical direction committee for use by a specified provider; and

AA. "state emergency medical services medical director" means a physician employed by the bureau to provide overall medical direction to the statewide emergency medical services program, whose duties include serving as a liaison to the medical community and chairing the medical direction committee.

History: 1978 Comp., § 24-10B-3, enacted by Laws 1993, ch. 161, § 2.

CHAPTER 450B - EMERGENCY MEDICAL SERVICES

NRS 450B.015 Legislative declaration. The legislature hereby declares that prompt and efficient emergency medical care and transportation is necessary for the health and safety of the people of Nevada, and that minimum standards for such care and all persons providing it must be established
(Added to NRS by 1981, 1599; A 1993, 2828)

NRS **450B.020 Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 450B.025 to 450B.110, inclusive, have the meanings ascribed to them in those sections.
(Added to NRS by 1973, 1141; A 1985, 1693; 1987, 1043, 2207, 1993, 2118, 2828; 1995, 725; 1999, 1172)

NRS **450B.025 "Advanced emergency medical technician" defined.** "Advanced emergency medical technician" means a person:
1. Trained in advanced emergency medical care in a training program approved by the board; and
2. Certified by the health officer as having satisfactorily completed the training program.
(Added to NRS by 1987, 2206; A 1993, 2828)

NRS **450B.030 "Air ambulance" defined.** "Air ambulance" means an aircraft especially designed, constructed, modified or equipped to be used for the transportation of injured or sick persons. "Air ambulance" does not include any commercial aircraft carrying passengers on regularly scheduled flights.
(Added to NRS by 1973, 1141)

NRS **450B.040 "Ambulance" defined.** "Ambulance" means a motor vehicle which is specially designed, constructed, equipped and staffed to provide basic, intermediate or advanced care for one or more:
1. Sick or injured persons; or
2. Persons whose medical condition may require special observation during transportation or transfer.
(Added to NRS by 1973, 1141; A 1985, 1726, 2117)

NRS **450B.050 "Attendant" defined.** "Attendant" means a person responsible for the care of a sick or injured person in an ambulance or air ambulance, and includes the driver of an ambulance but not the pilot of an air ambulance.
(Added to NRS by 1973, 1141)

NRS **450B.060 "Board" defined.** "Board" means:
1. In a county whose population is less than 400,000, the state board of health.
2. In a county whose population is 400,000 or more, the county or district board of health.
(Added to NRS by 1973, 1141; A 1993, 2828; 1995, 2547)

NRS **450B.061 "Committee" defined.** "Committee" means the committee on emergency medical services.
(Added to NRS by 1999, 1170)

NRS **450B.063 "Emergency medical dispatcher" defined.** "Emergency medical dispatcher" means a person who:
1. Has completed a training program in emergency medical dispatching which has been approved by the board; and
2. Has been certified as having satisfactorily completed such a training program by an entity approved by the board to provide such training.
(Added to NRS by 1993, 2117)

NRS **450B.065 "Emergency medical technician" defined.** "Emergency medical technician" means a person:
1. Trained in basic emergency medical care in a training program approved by the board; and
2. Certified by the health officer as having satisfactorily completed the training program.
(Added to NRS by 1987, 2206; A 1993, 2828)

NRS **450B.070 "Emergency medical technician certificate" defined.** "Emergency medical technician certificate" means the certificate issued by the health authority acknowledging successful completion of an approved course for an emergency medical technician at the level identified on the certificate.
(Added to NRS by 1973, 1141; A 1987, 2207; 1993, 2828)

NRS **450B.072 "Fire-fighting agency" defined.** "Fire-fighting agency" means a fire department or fire protection district of the state or a political subdivision which holds a permit authorizing it to provide intermediate or advanced medical care to sick or injured persons at the scene of an emergency. This term does not include a person or governmental entity which provides transportation of those persons to a medical facility.
(Added to NRS by 1985, 1692; A 1987, 718)

NRS **450B.073 "Fireman" defined.** "Fireman" means a person who holds a license and is employed by or serving as a volunteer with a fire-fighting agency.
(Added to NRS by 1985, 1692)

NRS **450B.077 "Health authority" defined.** "Health authority" means:
1. In a county whose population is less than 400,000, the health division.
2. In a county whose population is 400,000 or more, the county or district board of health
(Added to NRS by 1993, 2827; A 1995, 2547)

NRS **450B.080 "Health division" defined.** "Health division" means the health division of the department of human resources.
(Added to NRS by 1973, 1141; A 1973, 1406)

NRS **450B.082 "Health officer" defined.** "Health officer" means:
1. In a county whose population is less than 400,000, the state health officer.
2. In a county whose population is 400,000 or more, the county or district health officer.
(Added to NRS by 1993, 2827; A 1995, 2547)

NRS **450B.085 "Intermediate emergency medical technician" defined.** "Intermediate emergency medical technician" means a person:
1. Trained in intermediate emergency medical care in a training program approved by the board, and
2. Individually certified by the health officer as having satisfactorily completed the training program.
(Added to NRS by 1981, 277; A 1993, 2828)

NRS **450B.090 "License" defined.** "License" means the license issued by the health authority under the provisions of this chapter to an attendant of an ambulance or an air ambulance or to a fireman employed by or serving as a volunteer with a fire-fighting agency.
(Added to NRS by 1973, 1141; A 1985, 1693; 1993, 2828)

NRS **450B.100 "Permit" defined.** "Permit" means the permit issued by the health authority under the provisions of this chapter to:
1. A person, agency of the state or political subdivision to own or operate an ambulance or air ambulance in the State of Nevada; or
2. A fire-fighting agency to provide intermediate or advanced medical care at the scene of an emergency.
(Added to NRS by 1973, 1141; A 1985, 1693; 1993, 2829)

NRS **450B.105 "Trauma" defined.** "Trauma" means any acute injury which, according to standardized criteria for triage in the field, involves a significant risk of death or the precipitation of complications or disabilities.
(Added to NRS by 1987, 1042)

NRS **450B.110 "Volunteer attendant" defined.** "Volunteer attendant" means a person who does not receive the majority of his annual employment income from employment as an attendant, and who is not employed by a commercial ambulance firm or corporation.
(Added to NRS by 1973, 1141)

NRS **450B.120 Regulations, standards and procedures of board.** The board shall establish and promulgate such rules, regulations, standards and procedures as it determines are necessary to administer the provisions of this chapter.
(Added to NRS by 1973, 1141)

NRS **450B.130 Establishment of minimum standards and additional requirements.**
1. The board shall adopt regulations establishing reasonable minimum standards for:
(a) Sanitation in ambulances and air ambulances;
(b) Medical and nonmedical equipment and supplies to be carried in ambulances and air ambulances and medical equipment and supplies to be carried in vehicles of a fire-fighting agency;
(c) Interior configuration, design and dimensions of ambulances placed in service after July 1, 1979;
(d) Permits for operation of ambulances, air ambulances and vehicles of a fire-fighting agency;
(e) Records to be maintained by an operator of an ambulance or air ambulance or by a fire-fighting agency; and
(f) Treatment of patients who are critically ill or in urgent need of treatment.
2. The health officers of this state shall jointly adopt regulations to establish the minimum standards for the certification of emergency medical technicians. Upon adoption of the regulations, each health authority shall adopt the regulations for its jurisdiction. After each health authority adopts the regulations, the standards established constitute the minimum standards for certification of emergency medical technicians in this state. Any changes to the minimum standards must be adopted jointly by the health officers and by each health authority in the manner set forth in this subsection. Any changes in the minimum standards which are not adopted in the manner set forth in this subsection are void.
3. A health officer may adopt regulations that impose additional requirements for the certification of emergency medical technicians in his jurisdiction, but he must accept the certification of an emergency medical technician from the jurisdiction of another health officer as proof that the emergency medical technician has met the minimum requirements for certification.
(Added to NRS by 1973, 1142; A 1979, 69; 1981, 1553; 1985, 1693; 1993, 2829)

NRS **450B.140 Sources for standards and regulations; standards may differ for different categories.**
1. In adopting regulations under NRS 450B.120 and 450B.130, the board may use standards and regulations

SENATE BILL NO. 1009

BY SENATORS DARDENNE, HINES, CASANOVA, DYESS AND SCHEDLER

AN ACT

To amend and reenact R.S. 40:1231, 1231.1, 1231.2, 1232, 1233, 1234(A), (B), (C), (D), and (F), 1235, and 1236, to enact R.S. 36:259(FF) and 919.4 and R.S. 40:1232.1, 1232.2, 1232.3, 1232.4, 1232.5, 1232.6, 1232.7, 1232.8, 1232.9, 1232.10, and 1232.11, and to repeal R.S. 40:1234(G), relative to emergency medical services; to provide for definitions; to create the Louisiana Emergency Medical Services Certification Commission in the Department of Health and Hospitals and to provide for appointment and confirmation of membership, qualifications, terms, vacancies, officers, reimbursements, removal, and powers and duties; to establish requirements for certification and renewal of certificates; to provide grounds for disciplinary action; to provide for notice and hearing on disciplinary matters; to provide for injunctive relief; to provide for violations and penaltics; to provide for an exception to certification requirements; to authorize the promulgating of rules and regulations in regard to emergency medical services; to provide for scope of practice of emergency medical technicians and first responders; to provide for immunity from civil damages; to provide for duties relative to the bureau of emergency medical services; to designate statutory provisions into Subparts; and

follows:

§259. Transfer of agencies and functions to the Department of Health and Hospitals

* * *

FF. The Louisiana Emergency Medical Services Certification Commission (R.S. 40:1232.2) is placed within the Department of Health and Hospitals and shall perform and exercise its powers, duties, functions, and responsibilities in the manner provided for agencies transferred in accordance with R.S. 36:919.4.

* * *

§919.4. Transfer; Louisiana Emergency Medical Services Certification Commission

The Louisiana Emergency Medical Services Certification Commission, placed in the Department of Health and Hospitals by the provisions of R.S. 36:259(FF), shall exercise and perform its powers, duties, functions, and responsibilities as provided for agencies transferred pursuant to this Part. However, the commission shall advise the bureau of emergency medical services, office of public health, on requirements and standards for certification of emergency medical personnel and continuing education requirements for certification. The commission shall retain the authority to approve requirements and standard of practice for emergency medical personnel; conduct disciplinary hearings for emergency medical personnel; and cause the prosecution of any individual who violates the provisions of Subpart B of Part VII of Chapter 5 of Title 40 of the Louisiana Revised Statutes.

1232.10, and 1232.11 are hereby enacted to read as follows:

SUBPART A. GENERAL PROVISIONS

§1231. Definitions

For purposes of this Part:

(1) "Ambulance" means any authorized emergency vehicle, equipped with warning devices, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual or which is advertised or otherwise held out to the public as such.

(2) "Bureau" means the Department of Health and Hospitals, office of public health, bureau of emergency medical services.

(3) "Certified emergency medical technician" means an individual who is certified as any one of the following:

(a) A certified emergency medical technician-basic.

(b) A certified emergency medical technician-intermediate.

(c) A certified emergency medical technician-paramedic.

(4) "Certified emergency medical technician-basic" means an individual who has successfully completed an emergency medical technician-basic training program developed and promulgated by the United States Department of Transportation and adopted by the bureau, who is nationally registered, and who is certified by the bureau.

(5) "Certified emergency medical technician-intermediate" means any individual who has successfully completed an emergency medical technician-intermediate training program developed and promulgated by the United States Department of Transportation and

any individual who has successfully completed an emergency medical technician-paramedic training program developed and promulgated by the United States Department of Transportation and adopted by the bureau, who is nationally registered, and who is certified by the bureau.

(7) "Certified first responder" means any individual who has successfully completed a training course developed and promulgated by the United States Department of Transportation and adopted by the bureau and who is certified by the bureau .

(8) "Commission" means the Louisiana Emergency Medical Services Certification Commission.

(9) "Department" means the Department of Health and Hospitals.

(10) "Emergency medical personnel" or "emergency service person(s)" means individuals who are certified first responders or certified emergency medical technicians.

(11) "EMS Task force" means the Emergency Medical Services Task Force, composed of individuals appointed by the assistant secretary of the office of public health, subject to the approval of the secretary of the department, which advises and makes recommendations to the office and the department on matters related to emergency medical services.

(12) "Emergency medical services" or "EMS" means a system that represents the combined efforts of several professionals and agencies to provide prehospital emergency care to the sick and injured.

(13) "First aid certificate" means a certificate in the Emergency

PREVIOUS GEORGIA NEXT

31-11-2 G
*** CODE SECTION *** 01/23/01

31-11-2.

As used in this chapter, the term:

(1) "Ambulance" means a motor vehicle that is specially constructed and equipped and is intended to be used for the emergency transportation of patients, including dual purpose police patrol cars and funeral coaches or hearses which otherwise comply with the provisions of this chapter.

(2) "Ambulance attendant" means a person responsible for the care of patients being transported in an ambulance.

(3) "Ambulance provider" means an agency or company providing ambulance service which is operating under a valid license from the Emergency Health Section of the Division of Public Health of the Department of Human Resources.

(4) "Ambulance service" means the providing of emergency care and transportation on the public streets and highways of this state for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical or hospital care is furnished.

(5) "Cardiac technician" means a person who, having been trained and certified as an emergency medical technician and having completed additional training in advanced cardiac life support techniques in a training course approved by the department, is so certified by the Composite State Board of Medical Examiners.

(6) "Composite board" means the Composite State Board of Medical Examiners.

(7) "Emergency medical services system" means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographical area of health care services under emergency conditions, occurring either as a result of the patient's condition or as a result of natural disasters or similar situations, and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.

(8) "Emergency Medical Systems Communications Program" (EMSC Program) means any program established pursuant to Public Law

93-154, entitled the Emergency Medical Services Systems Act of 1973, which serves as a central communications system to coordinate the personnel, facilities, and equipment of an emergency medical services system and which:

(A) Utilizes emergency medical telephonic screening;

(B) Utilizes a publicized emergency telephone number; and

(C) Has direct communication connections and interconnections with the personnel, facilities, and equipment of an emergency medical services system.

(9) "Emergency medical technician" means a person who has been certified by the department after having successfully completed an emergency medical care training program approved by the department.

(10) "First responder" means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service.

(11) "Health districts" means the geographical districts designated by the department in accord with Code Section 31-3-15.

(12) "Invalid car" means a motor vehicle not used for emergency purposes but used only to transport persons who are convalescent, sick, or otherwise nonambulatory.

(13) "License" when issued to an ambulance service signifies that its facilities and operations comply with this chapter and the rules and regulations issued by the department hereunder.

(14) "License officer" means the commissioner of human resources or his designee.

(15) "Local coordinating entity" means the public or nonprofit private entity designated by the Board of Human Resources or its designee to administer and coordinate the EMSC Program in a health district established in accord with Code Section 31-3-15.

(16) "Paramedic" means any person who has been certified as an advanced emergency medical technician by the composite board before July 1, 1988, or any person who has been certified by that board on or after July 1, 1988, as having been trained in emergency care techniques in a paramedic training course approved by the department, but all such persons shall be designated on and after July 1, 1988, as paramedics.

(16.1) "Paramedic clinical preceptor" means a Georgia certified paramedic with a minimum of two years of emergency medical services experience who meets the standard requirements for paramedic preceptor training as established by the department.

(17) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

(18) "Person" means any individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind,

CHAPTER 43-04
BARBERS

43-04-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Board" means the board of barber examiners.

2. "Practice of barbering" includes any one or any combination of the following practices when done upon the upper part of the human body for cosmetic purposes and not for the treatment of diseases or physical or mental ailments, and when done for payment either directly or indirectly:

   a. Shaving or trimming the beard or cutting the hair.

   b. Giving facial or scalp massages or treatments with oils, creams, lotions, or other preparations either by hand or mechanical appliances.

   c. Singeing, shampooing, or dyeing the hair or applying hair tonics.

   d. Applying cosmetic preparations, antiseptics, powders, oils, clays, or lotions to scalp, face, neck, or upper part of the body.

43-04-02. Declaration of policy. It is hereby declared that the practice of barbering, by reason of the personal contacts exercised therein, is a business affecting the public health, public welfare, and public safety, that immediate public supervision and control of said occupation in the exercise of the police power of this state and in accordance with the proper standards of said profession, are necessary to the protection and preservation of the public health, public safety, and public welfare, and that this chapter is enacted in the exercise of the police power of this state to protect the public welfare, public health, and public safety.

43-04-03. Exemptions. The following persons, when engaged in the proper discharge of their occupational duties, are exempt from the provisions of this chapter:

1. Persons authorized by the laws of this state to practice medicine and surgery.

2. Commissioned medical or surgical officers of the United States army, navy, air force, or marine hospital service.

3. Registered nurses.

4. Registered hairdressers and cosmetologists.

The persons exempt by subsections 1, 2, and 3 may not shave nor trim the beard nor cut the hair of any person for cosmetic purposes.

43-04-04. Board of barber examiners - Appointment - Term of office - Qualifications. The board of barber examiners must consist of three members, each of whom must be appointed by the governor for a term of three years. The terms of office of the members must be so arranged that one term expires on the thirty-first day of December of each year. Each appointment must be made from a list of five names submitted to the governor by the state barber association, and each member must be a registered barber who has followed the occupation of barber in this state for at least five years prior to his appointment.

43-04-05. Oath of office - How vacancies filled - Removal. Each member of the board shall qualify by taking the oath required for civil officers. A vacancy on the board must be filled by appointment by the governor for the unexpired term. Such appointment must be made from the list of five names submitted to the governor by the state barber association from which

CHAPTER 43-05
PODIATRISTS

43-05-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Board" means the North Dakota board of podiatric medicine.

2. "Clinical residency" means a formal, structured postdoctoral training program approved by the board which is sponsored by and conducted in an accredited institution approved by the board or conducted by a college of podiatric medicine accredited and approved by the council on podiatric medical education, American podiatric medical association, or other accrediting agency approved by the board. The term also includes a preceptorship approved by the board until January 1, 1995.

3. "False or misleading statement or advertising" includes a statement, claim, or advertising that:

   a. Contains a misrepresentation of fact;

   b. Is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;

   c. Is intended or is likely to create false or unjustified expectations of favorable results;

   d. Appeals to an individual's anxiety in an excessive or unfair way;

   e. Contains material claims of superiority that cannot be substantiated;

   f. Misrepresents a podiatrist's credentials, training, experience, or ability;

   g. Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or be deceived; or

   h. Represents that a manifestly incurable condition, sickness, disease, or injury can be cured.

4. "Health care facility" means a medical hospital, skilled nursing care facility, intermediate care facility, basic care facility, boarding house, or swing-bed hospital approved to furnish long-term care service, or any other facility licensed to provide health care services.

5. "Podiatric medicine" means the profession of the health services concerned with the diagnosis and treatment of conditions affecting the human foot and ankle including local manifestations of systemic conditions by all appropriate systems and means and includes the prescribing or administering of drugs or medications necessary or helpful to that profession.

6. "Podiatrist" means a person who is qualified to practice podiatric medicine in this state.

7. "Preceptorship" means a formal, structured postdoctoral training program approved by the board and conducted by a podiatrist primarily in an office setting and controlled and supervised by a college of podiatric medicine accredited by the council on podiatric medical education, American podiatric medical association, or another accrediting agency approved by the board.

CHAPTER 43-09
ELECTRICIANS

43-09-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Apprentice electrician" means a person learning the trade under the personal supervision of a state-licensed electrician.

2. "Board" means the state electrical board.

3. "Class B electrician" means a person having the necessary qualifications, training, and technical knowledge to wire, install, and repair electrical apparatus and equipment in accordance with the standard rules and regulations governing such work, and shall have eighteen months' experience in farmstead or residential wiring, and shall have passed an examination before the state electrical board based upon the national electrical code as it applies to farmstead or residential wiring.

4. "Journeyman electrician" means a person having the necessary qualifications, training, and technical knowledge to wire, install, and repair electrical apparatus and equipment in accordance with the standard rules and regulations governing such work.

5. "Master electrician" means a person having the necessary qualifications, training, experience, and technical knowledge to plan, lay out, and supervise the installation and repair of electrical wiring apparatus, and equipment for electric light, heat, and power in accordance with the standard rules and regulations governing such work.

43-09-02. State electrical board - Members - Terms of office - Vacancies. The state electrical board must consist of five members appointed by the governor for a term of five years with their terms of office so arranged that one term and only one term expires on June thirtieth of each year. One member of the board shall represent the public and may not be directly associated with the electrical industry. The board must include a master electrician who is a contractor, a journeyman electrician, a consumer member of a rural electric cooperative, and a person associated with an investor-owned utility. A member of the board shall qualify by taking the oath of office required of civil officers and shall hold his office until his successor is appointed and qualified. The governor shall fill any vacancy by appointment for the unexpired term of office.

43-09-03. Qualifications of members of board. Repealed by S.L. 1949, ch. 287, § 11.

43-09-04. Officers of board - Compensation of members. The members of the board shall select from their members a president, a treasurer, and a secretary. Each appointive member of the board shall receive such amount as may be set by the board but not more than fifty dollars per day for the actual services rendered, and in addition thereto, each member shall receive the necessary and actual expenses incurred by him in the discharge of his duties. The mileage and travel expense allowed may not exceed the amount provided for in section 54-06-09.

43-09-05. Powers and duties of state electrical board - Biennial report. The board shall adopt a seal and may adopt reasonable rules to carry out this chapter. The board may submit a biennial report to the governor and the secretary of state in accordance with section 54-06-04. The board shall appoint qualified inspectors. The inspectors shall inspect, within fifteen days after notice of completion of any electrical wiring installation involving a value of three hundred dollars or more in municipalities having ordinances requiring such inspection, the electrical installation and approve or condemn the same. The inspector shall make a report of the inspection on forms prescribed by the board.

CHAPTER 43-10
FUNERAL SERVICE PRACTITIONERS

43-10-01. Definitions. As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of funeral service.

2. "Crematorium" means a furnace or establishment for the cremation of corpses.

3. "Embalming" means preparing dead human bodies for final disposition or removal by the injection of antiseptic or preservative preparations into the skin, the blood vessels, or cavities of the body. The external application of antiseptic solution, taking charge of the remains of those dead of any communicable disease, preparing dead human bodies for shipment or holding oneself out to do any of the above acts by advertising or any other means.

4. "Final disposition" means the entombment, burial in a cemetery, or cremation of a dead human body.

5. "Funeral directing" means the care and disposal of the body of a deceased person; the preserving, disinfecting, and preparing, by embalming or otherwise, the body of a deceased person for funeral services, transportation to a point of final disposition, burial, or cremation; or arranging, directing, or supervising a funeral, memorial service, or gravesite service.

6. "Funeral establishment" means any place or premises devoted to or used in the holding, care, or preparation of a dead human body for final disposition or transportation or for mourning or funeral ceremony purposes.

7. "Funeral practitioner" means a person licensed by the board to practice funeral directing and embalming.

8. "Intern embalmer" means a person registered with the board to engage in learning the practice of embalming under the instruction and personal supervision of a duly licensed funeral practitioner.

9. "Practice of funeral service" means to engage in funeral directing or embalming.

10. "Preparation of the body" means embalming of the body or such items of care as washing, disinfecting, shaving, positioning of features, restorative procedures, care of hair, application of cosmetics, dressing, and casketing.

43-10-02. State board of funeral service - Members - Appointment - Qualifications - Term of office - Oath - Vacancies - Removal. The board consists of the state health officer and three persons appointed by the governor. Each member appointed by the governor shall serve for a term of four years and until a successor is appointed and qualified. The terms of office of the appointed members expire on the thirtieth day of June and must be so arranged that only one expires in any one year. The appointed members of the board must be persons practicing embalming in this state and must have practiced for a minimum of three years in North Dakota. Each member shall qualify by taking the oath of office required of civil officers. The secretary of state may administer the oath and it must be filed in the office of the secretary of state. A vacancy on the board must be filled by appointment by the governor for the unexpired term. The governor may remove any member of the board for good cause.

43-10-03. Officers of board - Compensation of members - Treasurer's bond. The members of the board may elect from their number a president, a secretary, and a treasurer. The treasurer must be bonded for the faithful discharge of the treasurer's duties in the sum of two

CHAPTER 43-18
PLUMBERS

43-18-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Board" means the state board of plumbing.

2. "Journeyman plumber" means any person, other than a master plumber, who, as his principal occupation, is engaged in the practical installation, alteration, and repair of plumbing.

3. "Master plumber" means a person skilled in the planning, supervision, and the practical installation, alteration, and repair of plumbing, and familiar with the laws, rules, and regulations governing the same.

4. "Plumber's apprentice" means any person other than a journeyman or a master plumber, who, as his principal occupation, is engaged in learning and assisting in the installation, alteration, and repair of plumbing and drainage, under the immediate and personal supervision of either a master or a journeyman plumber.

5. "Plumbing" means the installation, maintenance, extension, alteration, and removal of all piping, plumbing fixtures, plumbing appliances, and other appurtenances in connection with bringing water into, and using the same in buildings, and for removing liquids and water-carried wastes therefrom.

43-18-02. State board of plumbing - Members - Appointment - Qualifications. The state board of plumbing shall consist of the chief sanitary engineer, or the head of any division of the state department of health who may be named by the chief sanitary engineer to act in the chief sanitary engineer's stead, and four persons appointed by the governor. All of the appointed members must have been residents of this state for at least five years immediately preceding their appointment, and one of them must be a master plumber with at least five years of experience in North Dakota, one must be a journeyman plumber with at least five years of experience in North Dakota, one must be a registered professional engineer practicing mechanical engineering in North Dakota, and one must be a representative of the consuming public.

43-18-03. State board of plumbing - Members - Terms of office - Vacancies - How filled. Each appointed member of the board shall qualify by taking the oath of office required of civil officers and shall hold office for a term of four years and until his successor is appointed and qualified. The terms of office of the appointed members must be so arranged that one term only expires on the thirtieth day of June of each year. The four members appointed by the governor to the first board must be appointed within thirty days after July 1, 1975, to serve for the following terms: one master plumber for one year, one journeyman plumber for two years, one mechanical engineer for three years, and a representative of the consuming public for four years. A vacancy on the board caused by the death, resignation, or expiration of the term of any appointed member must be filled for the unexpired term by appointment by the governor from the class of members to which the deceased or retiring member belonged.

43-18-04. Office and officers of board. The members of the board shall elect from their number a president, a vice president, and a treasurer, and they shall select a secretary, but the office of secretary and treasurer may be held by the same person. The secretary or secretary-treasurer need not be a member of the board but must be a licensed plumber. The board shall have its headquarters at the state capital.

43-18-05. Members of board and employees - Compensation. Each appointed member of the board shall receive twenty dollars per day for each day actually engaged in the performance of his duties under this chapter, and all members of the board, and all employees

CHAPTER 43-20
DENTAL HYGIENISTS

43-20-01. Name of chapter. This chapter must be known and cited as the Dental Hygienist Act of North Dakota.

43-20-02. Dental hygienists - Qualifications - Examinations - Registration and license. Any person who is of good moral character, who is not already a licensed dental hygienist of this state, who is a graduate of an accredited high school or its equivalent, and who is a graduate of a school of dental hygiene which is approved or provisionally approved by the commission on dental accreditation of the American dental association and which provides a minimum of two academic years of dental hygiene curriculum, upon applying for a license and paying an amount determined by the state board of dental examiners, may be examined by the board, on the subjects considered essential by it for a dental hygienist. The examinations must be conducted by the board or by a designee of the board, or by a regional dental testing service in which the board participates, or by other national or regional dental testing services that the board recognizes. If the applicant, in the opinion of the board, successfully passes the examination, the applicant may be registered and licensed as a dental hygienist. Applicants who fail to pass a satisfactory initial examination may be reexamined upon payment of the fee determined by the board for each subsequent examination. An applicant may not be allowed to take more than three examinations. Applicants for examination shall submit their credentials to the board at least thirty days before the examination date. The examination date must correspond to the date of examination for applicants for a license to practice dentistry in this state.

The state board of dental examiners may accept the results of the national board examination as the equivalent to the testing of an applicant by the board in all areas covered by the national board examination.

43-20-02.1. Conviction not bar to licensure - Exceptions. Conviction of an offense does not disqualify a person from licensure under this chapter unless the board determines that the offense has a direct bearing upon a person's ability to serve the public as a dental hygienist, or that, following conviction of any offense, the person is not sufficiently rehabilitated under section 12.1-33-02.1.

43-20-03. Dental hygienists - Practice by. As used in this chapter, "dental hygiene" and the practice thereof means the removal of accumulated matter from the natural and restored surfaces of teeth and from restorations in the human mouth, the polishing of such surfaces, and the topical application of drugs to the surface tissues of the mouth and to the surface of teeth if such acts are performed under the direct, modified general, or general supervision of a licensed dentist. General supervision may be utilized only if the following conditions are met:

1. The patient is a patient of record who has been examined by the dentist within the past twelve months;
2. The patient is being treated at the primary practice location of the supervising dentist, a public health setting, a hospital, a long-term care facility, or in an institutional type setting;
3. A current treatment plan is in place; and
4. Any delegated procedure is preauthorized by the supervising dentist.

Only a person licensed as a dental hygienist may be referred to as a dental hygienist. Additional tasks permitted to be performed by licensed dental hygienists may be outlined by the board of dental examiners by appropriate rules.

43-20-04. License recorded - Fee. Repealed by S.L. 1991, ch. 465, § 23.

CHAPTER 43-26
PHYSICAL THERAPISTS

43-26-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Physical therapist" means a physical therapist registered under this chapter.

2. "Physical therapist assistant" means a physical therapist assistant registered under this chapter who assists, under direction of a registered physical therapist, in the practice of physical therapy and who performs such delegated procedures commensurate with the assistant's education and training.

3. "Physical therapy" means the art and science of a health speciality concerned with the prevention of disability and the physical rehabilitation for congenital or acquired disabilities resulting from, or secondary to, injury or disease. The practice of physical therapy means the practice of the health speciality, and encompasses physical therapy evaluation, treatment planning, instruction, and consultative services, including:

   a. Performing and interpreting tests and measurements as an aid to physical therapy treatment.

   b. Planning initial and subsequent treatment programs, on the basis of test findings.

   c. Administering treatment by therapeutic exercise, neurodevelopmental procedures, therapeutic massage, mechanical devices, and therapeutic agents which employ the physical, chemical, and other properties of air, water, heat, cold, electricity, sound, and radiant energy for the purpose of correcting or alleviating any physical or mental condition or preventing the development of any physical or mental disability.

4. "Supportive personnel" means persons other than registered physical therapists who function in a physical therapy setting and assist with physical therapy care.

43-26-02. Duties of state board of medical examiners. Repealed by S.L. 1979, ch. 470, § 12.

43-26-03. Examining committee. Repealed by S.L. 1979, ch. 470, § 12.

43-26-04. State examining committee - Members - Terms - Appointments - Vacancies. The state examining committee for physical therapists, hereinafter the "committee", shall administer this chapter. The committee shall consist of three registered physical therapists, two licensed physicians, and a citizen who is not a health care professional. The governor shall appoint the committee members for a term of five years, staggered so the terms of no more than two members expire each year. No person may serve more than two full consecutive terms. Terms shall begin on July first. Appointments to the committee to fill a vacancy occurring for other than the expiration of a term may only be made for the remainder of the unexpired term. Each physical therapist appointed must have had at least three years of physical therapy experience in North Dakota immediately prior to appointment, and must practice in North Dakota during the term. Each physician appointed must have practiced medicine at least three years in North Dakota immediately prior to appointment and must practice in North Dakota during the term. Each member of the state examining committee, before entering upon the discharge of his or her duties, shall take and file with the secretary of state the oath of office prescribed for state officials.

CHAPTER 43-44
DIETITIANS AND NUTRITIONISTS

43-44-01. Definitions. As used in this chapter, unless the context or subject matter otherwise requires:

1. "Board" means the board of dietetic practice.

2. "Dietetics" means the application of principles derived from integrating knowledge of food, nutrition, biochemistry, physiology, management, and behavioral and social science to achieve and maintain the health of people by providing nutrition assessment and nutrition care services.

3. "Dietitian" includes dietician.

4. "General nutrition services" means the counseling of individuals or groups in the selection of food to meet normal nutritional needs, and the assessment of nutritional needs of individuals or groups by planning, organizing, coordinating, and evaluating the nutritional components of community health services.

5. "Licensed nutritionist" means a person licensed to provide general nutrition services as provided in this chapter.

6. "Licensed registered dietitian" means a person licensed to practice dietetics as provided in this chapter.

7. "Nutrition assessment" means the screening and evaluation of the nutrition of individuals and groups based upon appropriate biochemical, anthropometric, physical, and dietary data to determine their nutritional needs and recommend appropriate nutritional intake including enteral and parenteral nutrition.

8. "Nutrition care services" includes:

   a. Providing nutrition assessment.

   b. Planning or providing of food appropriate for physical and medical needs.

   c. Providing nutrition counseling to meet both normal and therapeutic needs.

   d. Providing general nutrition services and related nutrition activities.

43-44-02. Board of dietetic practice - Membership - Terms - Meetings.

1. The governor shall appoint a board of dietetic practice, consisting of five members, all of whom must be residents of the state at the time of their appointment. The persons appointed must have been engaged in the teaching or rendering of dietetics or general nutrition services to the public, or in research in dietetics or general nutrition services for three years immediately preceding their appointment. Three board members must be licensed registered dietitians and one member must be a licensed nutritionist. The members first appointed to the board need not be licensed under this chapter for appointment to their first term on the board, but must possess the qualifications necessary for licensure under this chapter. One member must be appointed to represent consumers of health services.

2. The governor, prior to September 1, 1985, shall appoint two board members for a term of one year, two for a term of two years, and one for a term of three years. Appointments made thereafter are for terms of three years, but no person may be appointed to serve more than two consecutive full or partial terms. Terms begin on

North Dakota Healthcare Association

Vision
The North Dakota Healthcare Association will take an active leadership role in major healthcare issues

Mission
The North Dakota Healthcare Association exists to advance the health status of persons served by the membership

2001 Session

Testimony HB 1202

Mr. Chairman, members of the Appropriations Committee, I am Arnold Thomas, President of the North Dakota Healthcare Association, here today in support of HB 1202.

HB 1202 creates a fund to establish emergency service quick response units. A quick response unit is a group of trained volunteers who have immediate access a basic level of emergency equipment, permitting a more immediate response to an emergency situation where ambulance response is restricted by distance. On site the quick response volunteer stabilizes the patient until arrival of an ambulance. HB 1202 provides funding for those emergency entitles establishing or converting to quick response status, to purchase the equipment for these trained volunteers.

In some locations in our state, rural ambulances operate under state waivers because they are unable to meet current licensure standards. HB 1202 would assist the conversion to quick response status by an ambulance service through capitalizing of the equipment necessary for personnel to function in a quick response capacity.

In addition to permitting ambulance service conversions, HB 1202 would also enable ambulance service providers to create quick response units in its remote service areas. Among the benefits; broader geographical coverage and quicker access to emergency medical services by residents in the ambulance service area. Quick access is especially important in trauma cases where time is a key

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factor in patient outcomes. Locally based quick response units are invaluable in stabilizing a patient until the arrival of its affiliated ambulance service provider.

Whether the quick response unit is formed by an existing ambulance service, an ambulance provider conversion or by a local community, HB1202 eliminates financial barriers to formation of quick response units and thereby creates incentives for broader and coordinated rural emergency service coverage for residents in geographical areas without timely access to ambulance services.

We ask your support for HB 1202.

524 Weatherby Way • Bismarck, ND 58501 • 701-258-9147

HUMAN SERVICES COMMITTEE
Testimony in Support of HB 1202

Wednesday, March 14, 2001

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports HB 1202 with the amendments as offered today. The bill focuses around the Public Safety aspect of EMS, and actually does two things; first, it supports those Quick Response Units (QRU's) who currently exist by assisting with training and equipment grants. By licensing QRU's we can look to a standardized EMS system which outlines minimum levels of training and equipment which ambulance services have been following since the 1970's The intent of this bill is not to shut down existing QRU's.

Secondly, there is a financial incentive for struggling small rural ambulance services to consider moving from a licensed ambulance service to a licensed QRU. What are the benefits? Less staffing would be required on the QRU since no transportation would take place. Communities currently finding it difficult to recruit volunteers for their ambulance service may find it easier to recruit new members for a QRU since the unit would not leave the community and would not transport patients as they currently do. Transporting patients out of the local community means that volunteers must leave their job at times for up to six hours or more.

Because no transportation occurs with a QRU, First Responder training may require less training hours than ambulance attendants are required to pursue. The QRU would also still qualify for state training and grant dollars as they are available.

I ask for your consideration and urge you to support HB 1202.

Thank you.

Testimony on House Bill No. 1202
Human Services
Red River Room
March 14, 2001
9:00 a.m.
By
Timothy Wiedrich

Chairman Lee, members of the committee. My name is Tim Wiedrich. I am the Director of the Division of Emergency Health Services for the North Dakota Department of Health. I am here today to provide testimony on behalf of the Department regarding this bill. We are unable to support the fiscal portion of the bill since it was not included in our appropriation request.

The bill establishes the authority to limit licensure of new emergency medical service operations based on the needs of the service area, establishes licensure requirements for quick response units, creates greater flexibility in the issuance of licenses by allowing services to obtain a single license for areas beyond an individual city, establishes vehicle standards and creates a pilot project for the conversion of 20 ambulance services to quick response units.

The current licensure standards for ambulance services were largely created and implemented in the mid 1970s. As our population decreases in rural and frontier areas, it is important that flexibility exists within the licensure standards. This flexibility accommodates new emergency medical services system designs that can respond in this changing environment. If passed, the bill would allow greater flexibility in the positioning of emergency medical services resources. Currently ambulance services are required to be available 24 hours a day seven days a week in each community that they operate. Passage of this bill would still require 24 hour seven day a week coverage, but the ambulance operator would have the ability to respond from nearby communities. This flexibility will primarily assist struggling volunteer ambulance services and is necessary to create efficiencies and preserve the system.

The provision of quick response services is a recognized component of the emergency medical services system. Quick response units provide assessment, treatment and packaging while an ambulance is enroute to the scene. While we have required standards through licensure for ambulance services, no requirements exist for organizations that hold themselves out to provide quick response services. The Department has established a voluntary certification program for quick response units and currently certifies 32 services. We are unaware how many other quick response units exist. We require certification as a condition of eligibility for the emergency medical services (EMS) grants. In order to be safe and effective, quick response services must be rendered by appropriately trained and equipped personnel. Establishment of the quick response unit licensure provides public protection by establishing appropriate minimum standards for training, equipment and availability.

Thank you for your attention. I would be happy to attempt to answer your questions.

10251.0400 **SECOND ENGROSSMENT**

Fifty-Seventh
Legislative Assembly
of North Dakota

REENGROSSED HOUSE BILL NO. 1202

Introduced by

Representatives Porter, Severson, Galvin, Pollert

Senators Christmann, Klein

A Bill for an Act to amend and reenact sections 23-27-01, 23-27-02, 23-27-03, 23-27-04, 23-07-04.1, 23-27-04.2, 23-27-04.3, and 23-27-04.4 of the North Dakota Century Code, relating to licensure of emergency medical services operations; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 23-27-01 of the North Dakota Century code is amended and reenacted as follows:

23-27-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "department" means the North Dakota department of health.

2. "emergency medical services" means the medical stabilization or transportation of persons who are sick, wounded, or otherwise incapacitated or helpless by any person who holds out to the public as being in that service or who regularly provides that service.

3. "emergency medical services operation" means basic life support ambulance services, advanced life support ambulance services, and quick-response unit services.

4. "emergency medical technician - basic" or "EMT-B"means an individual licensed by the department following completion of a basic emergency medical technician training program, who has met such other standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department

5. "emergency medical technician - intermediate" or "EMT-I" means an individual licensed as an EMT-B, has completed an intermediate training program, who has met such other standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department.

6. "emergency medical technician - paramedic" or "EMT-P" means an individual licensed as an EMT-B or EMT-I, has completed a paramedic training program, who has met such other standards of competence and character as may be required, and who has passed a licensing examination of knowledge and skill, administered by the department.

7. "quick response unit" means an organization that provides care to patients while an ambulance is en route to the scene of an emergency. These may be part of a law enforcement agency, fire department or a stand-alone agency whose only purpose is to provide quick response services and not transportation of patients.

8. "Volunteer" means an individual who receives no compensation or who is paid expenses, reasonable benefits, nominal fees, or a combination of expenses, reasonable benefits and nominal fees to perform the services for which the individual volunteered, provided that the fees do not exceed twenty-four hundred dollars in any calendar year.

SECTION 2. AMENDMENT. Section 23-27-02 of the North Dakota Century Code is amended and reenacted as follows:

23-27-02. Licensing of emergency medical services - Exception - Waiver.

1. The state department of health shall license emergency medical services operations. After June 30, 2001, the department may limit the issuance of a license for any new emergency medical services operation based on the needs of the service area.
2. Emergency medical services, may not be advertised, offered, or provided to the public unless the operator of the services is licensed as an emergency medical services operation by the department. A license for an operator of an emergency medical services operation is nontransferable and the operator must be separately licensed for each operation that operator operates. Each operation that is headquartered from a separate location must be considered a separate operation; however, an operation with a single headquarters site may dispatch vehicles and personnel from more than one location if calls requesting services are received and orders for vehicle dispatch are made at the single headquarters site.
3. The provisions of this chapter do not apply to an operator from another state who is headquartered at a location outside of this state and transports patients across state lines, but the operator may not treat patients within this state or pick up patients within this state for transportation to locations within this state, except as provided by rule.
4. The state health council shall adopt rules for special licenses and waiver provisions for an operator of an emergency medical services operation intended for industrial sites not available to the general public.

SECTION 3. AMENDMENT. Section 23-27-03 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

23-27-03. License fees. The fee for a license to operate an emergency medical services operation and perform emergency medical services must be set by the state health council at a sum of not more than twenty-five dollars annually, as may be required to defray the costs of administration of the licensing program. Individuals providing emergency medical services may not be assessed this license fee. All license fees must be paid to the state department of health and deposited with the state treasurer and credited to the state general fund.

SECTION 4. AMENDMENT. Section 23-27-04 of the North Dakota Century Code is amended and reenacted as follows:

23-27-04. Standards for operators. An emergency medical services operation within this state may not operate unless the operation is licensed in accordance with this chapter and rules adopted by the state health council. The rules must include:

1. Time when operator's services must be available.
2. Type of driver's license needed for drivers of ground vehicles.
3. Training standards for operation personnel.
4. Equipment and ground vehicle standards.
5. Annual license fees.
6. Number of personnel required for each transport.
7. Such other requirements as may be found necessary to carry out the intent of this chapter.

SECTION 5. AMENDMENT. Section 23-27-04.1 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

23-27-04.1. Emergency care or services rendered by officers, employees, or agents of emergency medical services operations - Physician medical direction. Any officer, employee, or agent of an emergency medical services operation and any physician licensed in this state who provides medical direction to an emergency medical services operation, who is a volunteer, who in good faith renders emergency care, services, or medical direction, is not liable to the recipient of the emergency care, services, or medical direction for any civil damages resulting from any acts or omissions by the person in rendering the emergency care, services, or medical direction provided the person is properly trained according to law. For a volunteer physician providing medical direction to an emergency medical services operation, the twenty-four hundred dollar maximum fees amount is calculated separately for each emergency medical services operation for which the physician volunteered medical direction. This section does not relieve a person from liability for damages resulting from the intoxication, willful misconduct, or gross negligence of the person rendering the emergency care or services.

SECTION 6. AMENDMENT. Section 23-27-04.2 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

23-27-04.2. Emergency medical services - State assistance. The state department of health shall assist in the training of personnel of certain emergency medical services operations as determined by the department and financially shall assist certain emergency medical services operations as determined by the department in obtaining equipment. Assistance provided under this section must be within the limits of legislative appropriation. The department shall adopt criteria for eligibility for assistance in the training of personnel of various types of emergency medical services operations. To qualify for financial assistance for equipment, an emergency medical services operation shall certify, in the manner required by the department, that the operation has fifty percent of the amount of funds necessary for identified equipment acquisitions. The department shall adopt a schedule of eligibility for financial assistance for equipment. The schedule must provide for a direct relationship between the amount of funds certified and the number of responses during the preceding calendar year for the purpose of rendering medical care, transportation, or both, to individuals who were sick or incapacitated. The schedule must require that as the number of responses increases, a greater amount of funds certified is required. The schedule must classify responses and the financial; assistance available for various classifications. The department may establish minimum and maximum amounts of financial assistance to be provided to an emergency medical services operation under this section. If applications for financial assistance exceed the amount of allocated and available funds, the department may prorate the funds among the applicants in accordance with criteria adopted by the department. No more than one-half of the funds appropriated by the legislative assembly each biennium and allocated for training assistance may be distributed in the first year of the biennium.

SECTION 7. AMENDMENT. Section 23-27-04.3 of the 1999 Supplements to the North Dakota Century Code is amended and reenacted as follows:

23-27-04.3. Emergency medical services personnel training, testing, certification, licensure, and quality review. The state health council shall adopt "the standards of the United States department of transportation medical technician curriculum for use in training EMT-B, EMT-I, and EMT-P personnel. Competency testing for EMT-B, EMT-I, and EMT-P personnel will be administered by the health council which shall adopt the national registry practical and written exams for such testing. Licensing for EMT-B, EMT-I, and EMT-B personnel will be administered by the state health council and provided to individuals successfully completing prescribed training and competency testing. The state health council will" provide a mechanism to review and improve the quality of care rendered by emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

SECTION 8. Section 23-27-04.4 of the North Dakota Century Code is created and enacted as follows:

23-27-04.4. (Effective through June 30, 2003) Quick-response unit service pilot program. The department shall create and implement a pilot program that creates incentives for basic life support emergency medical services and advanced life support emergency medical services to convert to quick-response unit services or create quick-response units in areas not already served. During the first year of the program, a maximum of five new quick-response units may receive a one-time five thousand dollar grant under this program and a maximum of twenty converting ambulance services may receive grants in the amount of five thousand dollars each year for a two-year period. During the second year of the program, the department shall distribute any remaining funds to converting ambulance services or to ten additional newly created quick-response units.

SECTION 9. APPROPRIATION. There is appropriated out of any moneys in the health care trust fund, not otherwise appropriated, the sum of $225,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding the quick-response unit service pilot program, for the biennium beginning July 1, 2001, and ending June 30, 2003. The moneys appropriated must be made available by the office of management and budget as requested by the state department of health to pay for the actual costs of the pilot program.

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TESTIMONY IN SUPPORT OF HB 1202

Monday, March 26, 2001

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports HB 1202 with the amendments as offered by Representative Porter. The bill focuses around the Public Safety aspect of EMS, and actually does two thing first, it supports those Quick Response Units (QRU's) who currently exist by assisting with training and equipment grants. By licensing QRU's we can look to a standardized EMS system which outlines minimum levels of training and equipment which ambulance services have been following since the 1970's. The intent of this bill is to not shut down existing QRU's, but to support them. It is a "rural" friendly bill.

Secondly, there is a financial incentive for struggling small rural ambulance services to consider moving from a licensed ambulance service to a licensed QRU. What are the benefits? Less staffing would be required on the QRU since no transportation would take place. Communities currently finding it difficult to recruit volunteers for their ambulance service may find it much easier to recruit new members for a QRU since the unit would not transport patients as they currently do. Transporting patients out of a local community means that volunteers must leave their jobs at times for up to six hours or more. This would not be necessary if the community operates as a QRU.

Because no transportation occurs with a QRU, First Responder training may require less training hours than ambulance attendants are required to pursue. The QRU would also still qualify for state training and grant dollars as they are available.

We ask for your consideration and urge you to support HB 1202.

Thank you.